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ART. I.—*A Case of Umbilical Hernia.* By M. SHEPHERD, M. D., of Payson, Ills.

It has been remarked "that he who wishes to make himself well acquainted with the pathology of hernia, and with all the circumstances which are constantly interfering to modify its treatment, should not miss a single opportunity which may present itself of observing every case which may fall in his way. It may be stated as a great probability that, with every fresh case, something new will be learned. Hence we consider a faithful and accurate report of all individual cases of hernia, to be most especially useful."

This is our apology for offering the following case to the readers of the Journal, which we hope may not prove uninteresting to the young practitioner.

On the 27th of August, 1851, I was requested to visit

Mrs. S——, a corpulent lady of sixty years, the mother of ten or twelve children. I found her suffering from umbilical hernia, with a tumor nearly as large as a child's head. I was informed that the tumor had existed for twenty-five years, or more, though not so large all that time. A portion of the bowel, it seemed, from the history she gave, had passed through the ring a number of times since the tumor was first formed, always attended with severe pain for from six to twelve hours. She had been in the habit, on such attacks, of taking a dose of castor oil, and assuming a recumbent position, which was maintained until she obtained relief—never having called a physician for this disease before. On this occasion, however, she had not been so fortunate, having suffered four days before I was called. I should have remarked that, the old lady's general health had been such as to confine her to her bed a greater part of the time, for three weeks previous to this attack. I resorted to all the common means for reducing hernia without avail.

As there was no evidence of strangulation, I ordered a dose of castor oil, to be assisted at the end of three hours by an enema, which was to be repeated *pro re nata* until her bowels should move—and left her for the night.—Early the next morning I was summoned in haste to see her again. The means resorted to during the night had failed to evacuate the bowels, and about day-light she commenced vomiting bilious and stercoraceous matter.—Her pulse was small and thread-like, she had hiccups and a cold, clammy sweat. I proposed an operation immediately as the only means of affording relief. To this, the old lady and a portion of her friends objected; as she was so old it was thought she might as well die with the disease as to be subjected to the knife. I did not insist upon operating, believing it best to allow them to decide upon that matter themselves. The decision was that all of her children should be called in, first, and an expression

obtained from them, which would require till 2 or 3 o'clock, P. M., at which time, if they agreed that she should undergo an operation, I should be called again. As I was professionally detained in another part of the county, I did not receive intelligence from her until late in the afternoon, and the operation was not commenced until candle-lighting. An incision was commenced in the mesial line about midway of the tumor and extended toward its lower aspect, another, commencing at the same point was extended laterally making but one flap. I was careful in dissecting through the adipose tissue, and at first was somewhat surprised that I discovered no hernial sac. After a moment's reflection, however, in regard to the length of time that the tumor had existed, I was satisfied that the sac had been absorbed. The portion of the bowel that was strangulated was not large, but presented a very dark reddish appearance. Finding it impossible to reduce that without cutting the stricture, I introduced a probe-pointed bistoury, guided by the fore-finger of the left hand, at the lower edge of the ring, and cut a very little downwards, when the bowel passed in, readily. In attempting to return the omentum, I found that the entire base of the tumor was firmly attached to the outer wall of the abdomen. From the length of time that the attachment must have existed, it was not deemed advisable to attempt to break it up, and it being very vascular, I could not, as has been suggested by some authors, remove it by the knife. As the strangulation was relieved, I at once concluded to close the integuments over the tumor as it then existed and await the result. This was done, a compress and a bandage applied, and to my entire satisfaction a greater part of the wound united by the first intention. Notwithstanding the oppressively hot weather during the month of September, the old lady, under the use of wine and a generous diet, improved very much. But before she had entirely recovered, during the month of October,

she had an attack of dysentery, which prevailed epidemically at that time, and was carried off in a few days.

Was the course pursued the best under the existing circumstances? or should the attachment have been broken up? or the omentum removed by the knife?

Payson, Ills., January, 1852.

Art. II.—*A Case of Chlorosis, accompanied by Obstruction of the Bowels, which continued thirty-seven days.* By Dr. P. S. Shields, of New Albany, Ia.

The following case of *Chlorosis*, will probably be interesting to the medical profession from the anomalous symptoms developed during its progress. The subject was a young lady, Miss R——, aged eighteen years, of a rather tall, slender form; dark eyes and hair, and fair skin. Her habits were rather sedentary. She was at the time her health failed, pursuing a course of study in a Female Seminary in this city, and applied herself diligently to her studies, continuing them to late hours at night. Her catamenia from their first appearance have been either irregular in time, or deficient in quantity; consequently her health has not been good. The last appearance of her menses was during the time of her examination in July last, prior to graduation. From this time her health continued gradually to decline. Her lips and cheeks soon became exsanguinous; her eyes lost their lustre; skin became pale, cool, and dry; her pulse grew more frequent and feeble; her extremities cool; bowels torpid; appetite defective; she was troubled by a sense of stricture and oppression in the chest, and a pain in the region of the heart, accompanied by frequent attacks of palpitations.—Yet auscultation revealed nothing of organic derangement in this organ. She frequently suffers from pain or giddiness of the head, and indistinct vision; but there was no

other cerebral disturbance. There was also occasionally pain across the loins. Her urine was generally limpid and more copious than natural, and was often tinged by the coloring matter of the articles of medicine she was taking. Sometimes it was turbid. About the 15th of September, a blue spot, of a crescent shape, two and a half inches in length and one in breadth, appeared under each eye; which in a day or two became of a dark indigo blue in the centre, fading towards the circumference into a light sky blue. They were seated immediately on the malar bones, extending from the nose, beyond the external canthus of the eye, leaving the eye-lids and cellular texture beneath of the natural hue. They had the appearance of having been painted, and gave to the physiognomy a most singular appearance. They continued permanent for nearly three months, occasionally a little darker at one time than another. On the 19th of October, she ceased to have any further action of the bowels. The food taken was retained one or two days in the stomach and then thrown up, either by vomiting or eructation, generally almost unchanged, and very seldom having the least taste or smell of acidity. There was no sensation of pain or motion in the abdomen, and no unusual fullness, hardness, or contraction of the abdominal muscles. Dr. H. M. Dowling, the attending physician, was called in about this time, and directed his treatment principally to the removal of the constipation of the bowels, and during the next fifteen days gave sixty grains of calomel divided in three different doses, with the same quantity of pulv. jalap., and senna and sulph. magnes., castor oil and aloetic pills, in large quantities. The most of these medicines were retained, and were followed at different times by various cathartic enemata.

Oct. 25th.—I saw the case for the first time in consultation with Dr. Dowling. We now determined to try the effect of distending the colon by injecting large quantities of warm

water with spirits of turpentine. A flexible tube was accordingly introduced 10 or 12 inches up the rectum, and from two to three quarts of warm water, with two table-spoonfuls of spirits turpentine were thrown up once each day, and smaller saline enemata at other times during the day. They were generally retained from twenty to thirty minutes, when they came away unmixed with any fecal matter; except on one occasion, when a very small amount was passed, in size about as large as a hazle-nut, perfectly natural in color and consistency.

Nov. 6th.—Symptoms unchanged, and no alvine evacuation. We now prescribed one drop of croton oil in pill, with sapo. hisp., every four hours. The stimulating enemata to be continued.

8th.—She now retains her food well, and has taken and retained ten drops of an excellent article of croton oil; but still has had no alvine dejection, nor felt any pain, uneasiness, or sensation of motion in the abdomen.—Prescribed blue mass 3 grains, morning, noon and night; as also, ℞ tinct. aloes ʒii, tinct. cardamom., ʒi; mix, and take ʒi morning and evening.

10th.—No change in the symptoms. Medicine continued. Urged to take as much nourishment as the stomach will retain. We now resorted to electricity in the form of Morehead's graduating galvanic battery. The current of electricity was sent in all directions through the abdomen and pelvis, and continued for fifteen or twenty minutes, morning and evening of each day.

15th.—During the last twenty-four hours, she has felt a sensation of motion in the abdomen, as if the intestines were slightly distended by flatus. The sensation is more pleasurable than painful; and there is rather more fullness of the abdomen. Her appetite and strength are improving; pulse fuller, and skin warmer. The same treatment continued.

16th.—Symptoms the same as yesterday.

17th.—She had, this morning, a free fecal evacuation, of a very natural color and consistency; and presenting no appearance of having been long retained, or of there being any unusual accumulation of it, and unaccompanied by the least pain or uneasy sensation. The same treatment was continued, only that the electricity was used once each day, and two grains of the hydrogenated ferruginous preparation of M. Quesneville were given, morning, noon, and night.

24th.—Her general health is much improved; less anemia; skin of natural temperature; pulse more full, and less frequent; regular daily fecal evacuations, of a healthy color and consistency; and appetite and strength improving. Electricity and blue mass discontinued. She has now taken, in the course of treatment, sixty grains of calomel, and about the same quantity of blue mass, without being mercurialized in the slightest degree. Continued the iron and tinctures.

Dec. 5th.—General health so much improved that she does not need to lie down during the day; but she is much depressed in spirits, from an apprehension of the permanent continuance of the blue spots under her eyes.—Continued the iron and the tinct. aloes and cardamom.—Prescribed unguent. iod. potas. by friction to the blue spots, morning and evening.

12th.—Patient much elated at the rapid and entire disappearance of the discoloration under the eyes, which took place to a great extent in 24 hours after the first application of the ointment. The general treatment to be continued.

23d.—Her health is about the same, with the exception of a frequent irritable cough, without expectoration, which is more frequent at night. Since the last report, the blue discoloration beneath the eyes reappeared slightly, but was immediately removed by the application of the iodine ointment. Prescribed for the cough the

following: ℞. Acid. hydrocyan. gt. 32, syr. tolut. ℥ii, aq. destil. ℥ii; mix, and take ℥ss. every four hours.

Jan. 3d.—Cough relieved, and general health again improving. Electricity resumed.

Jan. 10th.—Her health is now as good as it has been at any time during the last two years. The precordial symptoms have entirely disappeared, but up to this time there has been no return of the menses. Electricity omitted; the iron, with the tinct. aloes and cardamom to be continued in conjunction with the daily use of injections of a dilute solution of aq. ammoniæ.

12th.—She left the city this morning on a visit to her friends. The injections are consequently omitted, and the tinct. guiacum of Dewees prescribed.

Remarks.—1st. The long continued concentration of the intellectual powers upon her studies, and the consequent neglect of exercise, and other physical means of promoting health, was clearly the cause of the chlorosis, and of the suppression of the menses, which latter was a consequence and not the cause of the disease. This conclusion is fully sustained by the great improvement in her general health, without the return of her catamenia.

2d. The obstruction of the bowels, was caused by defective innervation, producing almost complete paralysis of the intestinal canal. The correctness of this opinion is rendered probable by the complete success of electricity and tonics, after the most active cathartics had failed to produce intestinal action; and further, by the entire absence of pain or uneasiness in the abdomen under the use of the latter.

3d. The insusceptibility of the system to the specific effects of mercury doubtless resulted from the same cause; it was not absorbed and carried into the general system.

4th. The kidneys probably performed a vicarious function, in this case, eliminating matters, which should

have been evacuated by the bowels, and preventing any serious accumulation of feculent matter in the large intestines.

5th. The discoloration beneath the eyes appears to have arisen from a real deposit of coloring matter in the pigment-cells of the skin. The ointment of the iodide of potash stimulated the absorbents, causing them to take up and convey away this pigment.

January 20, 1852.

ART. III.—*History of the Case of the late John Kearney Rodgers, M. D.* By ALEXANDER E. HOSACK, M. D. of New York.*

INTRODUCTION.—The late Dr. J. KEARNEY RODGERS died, Sunday, the 9th day of November, 1851, of pyaëmia, consequent upon congestion of the liver.

However much we have to deplore the loss of so eminent and distinguished a surgeon, we have the more to regret that there should have been a difference of opinion entertained by his attending physicians, as regards the diagnosis and treatment of the disease which ended so fatally.

Nearly allied to the deceased as I am, it is with the greatest reluctance I have ventured upon the task of publishing a history of the case, which I shall do as correctly as possible; narrating all the circumstances connected with the differences to which I have alluded. This I am constrained to do, in consequence of the numerous misapprehensions that have been suffered to go abroad calculated to disparage me with my fellow-practitioners. The medical public will, after being possessed of all the facts,

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*From a pamphlet sold by C. S. Francis & Co., Stringer & Townsend, &c., New York, 1851.

be enabled to determine, whether I was justified in the opinion early entertained and expressed, (and from which I never for a moment swerved,) as to the true cause and correct diagnosis of the disease which terminated his life; and whether I was correct in the course I pursued in withdrawing from the consultation at a time of so much interest and responsibility.

History.—Dr. Rodgers, although naturally of a good constitution, has once in his life suffered from a severe attack of illness, which occurred about sixteen years ago, during the winter of 1835. He became extremely attenuated, and serious doubts were entertained of his perfect recovery; his disease was never satisfactorily understood. His friends, however, regarding it as dyspepsia, advised a voyage to the West Indies, from whence he returned greatly improved, and soon after was perfectly restored to health. Since then he has been apparently well until the commencement of the present year, when he has occasionally been annoyed by looseness of the bowels, with a slight feeling of discomfort in the abdomen, and only on two different occasions has he been obliged to confine himself to his chamber, and then but for a day or two at a time. He, regarding it as an inconvenience only, resorted occasionally to a few drops of laudanum during the day, or a glass of brandy and water at his dinner, which exerted a controlling influence over it. The first of these attacks occurred in the month of July, and the second in August, while enjoying himself for a few weeks at Long Branch on the seashore.

This, then, embraces all that appertains to his ill health up to the 9th of October, when he was seized with the illness of which he died. On the evening of that day, after returning from a visit to a patient, he complained of not feeling well; he retired at his usual hour, and was awakened about midnight by a sense of coldness, and had a slight chill; complaining of nausea, he called for a ba-

sin, and threw off, as he informed me, about two mouthfuls of pure bile; he refused to take warm water to rinse his stomach, as was urged upon him, and soon after fell asleep. He rose at the usual hour in the morning, saying he was better, though complaining of uneasiness in the right side, and slight pain in the bowels. He partook of breakfast as usual, and visited such patients as were necessary to be seen during the day.

On Saturday, the 11th instant, Dr. Dubois saw him for the first time, and suggested a seidlitz powder, which was taken. On Sunday morning, Dr. Wilkes stopped in on a visit to the family, when Dr. Rodgers consulted him about his symptoms, which Dr. Wilkes regarded as functional disorder of the liver, and accordingly advised the use of blue mass, and actually procured the pills for him, urging him to take two immediately, to be followed by a seidlitz draught. At Dr. Rodgers's request, Dr. Wilkes called at my house that morning to inform me of the Doctor's illness, and of his desire to see me; not receiving him the message until too late in the evening, I called upon the following morning, Oct. 13th. I found him free from fever, with a white, slightly coated tongue. Although he complained of pain in the bowels and of a slight uneasiness in the hypochondriac region, for which he had applied a mustard cataplasm, he did not wince upon pressure.—I saw him the next day, Tuesday, the 14th, and found him much the same, with the exception of a slightly accelerated pulse, full and compressible, with a tongue assuming a dingy hue at its base.

Regarding these symptoms as indicative of a biliary congestion, which opinion I stated to him, I advised him to take an emetic or ten grains of calomel; but he, having a particular dislike to both these remedies, declined. I was then informed by him that he had been exposed to miasma by attending on a case of bilious remittent fever at Flatbush, Long Island, and he remarked that he might

possibly have there contracted the disease. I told him, in reply, that it was quite possible it might be the incipient stage of bilious remittent fever, and questioned him as to the frequency of his visits, and the hour of the day he had been exposed to the effluvium of that district of country; his reply was, "never after four o'clock in the afternoon."

I then said that it wanted the phenomena of fever, the excessive heat, and dryness of skin, the constricted pulse, &c. Taking into consideration the former symptoms, his vomiting bile, dingy skin, and his then present appearance, I still adhered to the opinion I had first expressed of the liver being the seat of the disease. On the evening of this day at Dr. Rodgers's request, I consulted with Dr. Dubois, to whom I also expressed the same opinion, and suggested the use of calomel. Dr. Dubois had already formed and expressed the opinion of the disease being that of bilious remittent fever, from which opinion he never changed.

On Wednesday, the 15th, we again met in consultation; he had had a restless night, and upon examination he was discovered to be quite jaundiced; tongue and pulse about the same as on the preceding day. The patient called our attention to the yellowness of the skin as manifested on the hands and lower extremities, which, on close inspection, proved to be decided Icterus. I immediately remarked to him, in presence of Dr. Dubois, that the tale was now told, and that he, the patient, must immediately commence on calomel.

It is to be remembered that at this time he did not wince, or manifest the least pain any where, upon being kneaded, or upon turning in bed, rising, or lying down.—As he objected to calomel, fearing salivation, I could only succeed in persuading him to take the common Icteric Pill (a prescription well known to those who attended my father's Lectures on the Practice of Physic), to which my

colleague consented. It contained calomel which was not likely to salivate, by being in combination with other medicines.

He commenced taking it in the evening, and continued it all the day following: it operated gently. Friday morning, the 17th, he had slept well, and expressed himself as feeling better, and said that the day previous was the best day he had had. His condition was much the same throughout the day, except that sallowness, which was more manifest.

Dr. Delafield joined us in consultation on Friday evening, Oct. 17th, to whom I said that I presumed that Dr. Dubois had informed him of the previous history of the case; to which he assented. I then stated to Dr. Delafield my views of the case, and the prescription I had prevailed upon Dr. R. to take, and which he was permitted to continue without any intimation to me from Dr. Delafield of different views entertained by himself as regarded the disease.

I did not attend at the appointed hour on the following morning, Saturday the 18th, in consequence of some professional engagements. In the evening, at the hour appointed, I was informed that the remedies suggested by myself (as above alluded to) had been discontinued at the morning consultation, my associates regarding his disease as bilious remittent fever, and it was so expressed by them. In this I decidedly differed in opinion, as well as in the remedies resorted to, which were the usual febrifuge medicines.

His symptoms at this time were general restlessness, imperfect sleep, depression of spirits, anxious countenance, slight fever, increased sallowness, accelerated pulse, and at times moderate perspiration. These symptoms continued much the same from the 19th of October to the 22d, (when rigors first appeared), with the exception of the increased frequency of the pulse, which varied from

95 to 120, but usually at the standard of 110, always full and compressible. The rigors recurred at irregular intervals, sometimes in the night and at any hour during the day; at first, however, there were but one or two in the 24 hours: they soon after increased in frequency: jaundice more apparent.

The rigors were always immediately followed by profuse perspirations—the pulse, as observed by myself, was 110 just before, during, and after each rigor, which was always accompanied by more or less perspiration, and followed directly after by a profuse sweat. The gentlemen in consultation, with the view of opposing the chills, prescribed (in opposition to my judgment) quinine in 10 and 5 grain doses, at intervals of several hours, which was continued for several successive days. The positive effect of quinine was in due time made manifest, by *ringing in the ears* and almost *total deafness;* in consequence of which it was discontinued on the 29th of October. Dr. Delafield remarked in consultation at the same time, that it was very evident that the quinine was doing no good, that there was something in the case that he could not understand: to which I replied, that I understood it, and could account for it in a very satisfactory manner. The aromatic sulphuric acid was also prescribed in large doses, for the purpose of arresting the excessive sweats. The strong tincture of aconite was also administered in doses of one drop each.

At this stage of the disease, finding myself opposed in opinion, and the patient evidently getting worse, in one of my visits to Dr. Rodgers, (when alone with him in the room,) I was prompted by my deep solicitude and anxiety on his account, to urge upon him the necessity of further medical advice. Seated by his bedside, I asked him to permit me to call in Dr. Wilkes (as I daily communicated with him in regard to his illness) who had seen him, and thought as I did. I then said, "If you will permit me to

do so, and follow our advice, you will get well; I promise you, you will recover." To which he replied, after a moment's reflection (being still biased with the idea of fever), "If I do, I can never recover, and I have all confidence in Delafield." It is deserving of remark, that a few days after, finding he was growing worse, he said to a member of his family, "There is something in my case that Dr. Delafield does not understand, nor I either."

At this period of his disease, the 23d of October, on the day after the appearance of the rigors, I again remarked to Drs. Delafield and Dubois, in consultation, that it was not bilious remittent fever, as it wanted the characteristics of fever, and that it was the consequence of unremoved obstruction in the liver. Dr. Delafield then asked me where I located the disease; to which I replied, in the liver, either arising from obstruction in the "ductus communis choledochus" by biliary calculi, or from inspissated bile in its *transit from the ramifications of the portal vein in the liver to the biliar ducts*, and that these *chills*, so denominated by my associates, were rigors, indicative of matter forming, if not already formed; to which he replied, "I hope not," and said "I had nothing to stand upon, or to sustain me in my views." I then asked him, Are these symptoms nothing? this jaundice, this condition of the tongue, these rigors, followed by profuse sweats, and this peculiar, rapid, full, compressible pulse, and comparatively moderate heat of skin; are all these symptoms nothing? In answer to which Dr. Delafield remarked that this yellowness and other symptoms, as above observed, were frequently met with in bilious fevers; to which I replied, "I have, then, yet to learn what bilious fever is."

These same remarks were repeated in substance by me to Dr. Swett at the time of my withdrawing from the consultation, on the morning of the 3d of November (he having been called in on the 1st inst.), with the additional ob-

servation, that in fever there should be remissions and exacerbations, a furred tongue, and a burning, hot and dry skin.

I then drew a parallel between the pulse of bilious fever and the pulse of matter forming, or just formed, as follows: In bilious fever, during the exacerbations, it would be small, corded, and quick, varying in frequency (from the remitting stage to the highest degree of fever) from an almost natural state to 120, at which height of pulse perspiration would commence; whereas the pulse indicative of matter would be always frequent, full and soft, varying but little from 95 to 110, while the skin most of the time would be comparatively cool. The pulse full and soft is 110 just before, during, and after each rigor, which is immediately followed by profuse perspiration.

After these remarks I observed, "With these existing symptoms, gentlemen, how is it possible you can see things with such different eyes from me?" Placing my hand upon my knee, I said, "It is as plain to me as if matter were formed in this joint which the knife can release; but in this case we have no such opportunity. I have no doubt that matter, if not already formed, will form, and terminate fatally."* I then added, "From my deep solicitude I have scarcely slept for the last two nights, and have tried to reconcile my opinion with yours, but the more I reflect upon the subject, the more I am convinced that I am correct in my views."

I then withdrew from the consultation, remarking that I did so with all respect and deference to them, but that I could not remain to trammel them by my presence,

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*These remarks were repeated to several of my medical friends, and also to Dr. J. Mason Warren, of Boston, who was on a visit to New York at that time.

or witness a course of treatment I could not sanction.*

From my connection with Dr. Rodgers, I had the privilege of visiting him at all times, during his last illness, and had ample opportunity to observe the progress of his disease and the treatment pursued by the physicians left in sole charge of him. Upon my proposing to withdraw from the consultation it was suggested by Dr. Delafield that the patient might be disturbed by knowing that I had done so: in reply I assured him that I would take care he should not be apprised of it, and would therefore visit him at the accustomed hour of consultation, without retiring afterwards to the council chamber. Under these circumstances I do not feel called upon to offer any excuse for continuing the history of his disease to its termination.

Having last spoken of the disease up to the 28th October, when the rigors became most frequent, and on the 29th inst., when there was a continuance of coldness, and when the rigors succeeded rapidly, one upon the other, (which circumstance I conceive to be indicative of matter formed,)† I will proceed with the details of the case.

On the 29th of October he had a succession of chilly feelings for an hour, which were immediately succeeded by a severe rigor, making in all five during the day. He

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*Dr. Swett at the first consultation, upon his being called in, (in reply to Dr. Delafield) said "that the patient ought to take three grains of mercury three times a day, and that he should be cupped over the region of the liver as there was congestion of the liver," which was objected to by Dr. Delafield. Dr. Swett, the following day, visited the patient morning and noon alone, and in the evening consultation wholly changed his opinion of the disease, agreeing with the other two gentlemen that it was bilious remittent fever.

† Eisenmann asserts, that where two chills come in immediate succession, it is indicative of the begginning of suppuration; these double rigors may recur during the formation of matter. (See Eisenmann.)

was much depressed in spirits and betrayed great exhaustion of the vital powers. Pulse quick, slightly diminished in calibre and weak; cheeks flushed, as had been the case daily for some time previous. At this period I consider, that matter was already formed. On this day the quinine was discontinued, and tincture of aconite in drop doses was substituted at two hours interval.

On Thursday, Oct. 30, he had a repetition of the chilly feelings, and three rigors of twenty or thirty minutes duration, followed immediately by profuse sweat;—symptoms in other respects much the same. Aconite and effervescent draught continued.

Friday, Oct. 31. Three rigors, followed as usual by perspiration—pulse about the same as on the two preceding days—symptoms in other respects unaltered. A single dose of twenty drops of aromatic sulphuric acid was resorted to with the view to check the excessive perspiration.

Saturday, Nov. 1. Renewal of chilly feelings twice during the twenty-four hours, each succeeded by profuse perspiration—one rigor only during the day, which continued twenty minutes—pulse about the same—countenance expressive of great anxiety. At this stage of the disease, perspiration appeared from time to time without any chilly feelings, or rigors, thereby betraying great exhaustion of the vital energies. Nitro-muriatic acid in the usual proportions was given internally, and was used as a "pede luvium;" it was also applied to the surface of the body and lower extremities. Jaundice was regularly declining, having commenced to do so about the 27th.

Sunday, Nov. 2. Perspiration as usual continued and profuse—tongue as heretofore slightly coated. This day one rigor only, which lasted twenty minutes—much exhaustion. Jaundice rapidly declining; the urine by analysis exhibited a large proportion of bile.

Monday, Nov. 3. But one rigor on this day—much

perspiration and coldness of the nose and extremities—other symptoms the same as on the last preceding days. The hectic flush was at intervals still manifest.

Tuesday, Nov. 4. Quinine was again resorted to, but in smaller doses—*two or three grains I believe every two hours—aconite continued, and nitro-muriatic acid given simultaneously with the quinine.

Wednesday, Nov. 5. Awakened by pain in the bowels, or directly over the region of the stomach, as he informed me, which lasted twenty-five minutes, for which linen, saturated with laudanum, was applied. There was slight tumefaction of the abdomen—the pain and general soreness recurred several hours after, for which peppermint was administered; warm flannels were applied to the bowels, but not producing relief, a mustard plaster was substituted. Quinine continued, and on one occasion associated with *a teaspoonful of laudanam* with the view of preventing a recurrence of the rigors! At this time his pulse was small and tremulous, and very rapid, countenance haggard, and great dejection of spirits which continued throughout.

Thursday, Nov. 6. Pulse small, tremulous and quick; perspiration slight, but almost constant, desponding countenance and great depression of spirits, as was evident by different expressions used to those surrounding his bed. Pain in the bowels extending over to the left hypochondriac region. Quinine and nutritious sick room diet, such as beef tea, sago, brandy and water, and chicken broth, were freely resorted to.

Friday, Nov. 7. Having passed a sleepless night, he

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*For any inaccuracies of dates, or of proportions of medicines not specified, I must plead in excuse my inability to obtain any information from the apothecary, who was instructed *by the attending physicians, to refuse to give me a copy of the prescriptions.*

betrayed great exhaustion—pulse feeble and frequent, countenance dejected, expressive of much anxiety; extremities cold, with much soreness of the abdomen: the same sustaining diet, and stimulants as on the day previous, were continued: fomentations and cataplasms were from time to time applied to the stomach and bowels.

Saturday, Nov. 8. Increased debility, and tenderness of the bowels, as on the preceding day: small, feeble, and quick pulse—great restlessness, evident sinking of the vital powers—hiccup in the morning of an hour and upwards duration, which reappeared in the evening: mind somewhat confused. He continued to decline until three o'clock, A. M., at which time he ceased to breathe.*

As a journal from the 23d of October was kept by the family, I will offer no apology for transcribing it, as it exhibits the bed-room record of the phases of the disease, and remedies resorted to. (Omitted, as containing no new facts.)

Post mortem Examination of the Body of Dr. J. Kearney Rodgers. By C. G. Isaacs, M. D. [I must tender my thanks to Dr. Isaacs for so politely furnishing me with this copy.]

On laying open the cavity of the abdomen, it was found to contain a large quantity of semi-purulent matter, with flakes of coagulable lymph, which adhered to the peritoneal lining of the abdomen and to the serous surface of the intestines. The omentum was partially spread out over the small intestines, and adhered slightly to their surface. On carefully separating with the knife, the mesenteric border of the small intestines from the mesen-

*At the early stage of the disease the bowels were relieved by the ordinary aperient medicine injections, &c. The stools were generally of a dark or brown color: on one occasion, on the 18th or 19th of October, I observed after the effects of an enema, that the dejections were of a light clay-colored appearance.

tery, numerous small drops of purulent matter were observed, on the separated edge of the mesentery, and on the corresponding border of the intestine—along the whole extent of divided surface from the termination of the ilium, up to the commencement of the jejunum. (This purulent matter was afterwards ascertained to have issued from the cut orifices of the mesenteric veins.) On cutting into the mesentery, several small depots of purulent matter were found, containing from half an ounce to an ounce and a half of fluid. These were situated in the cellular tissue, between the laminæ of the mesentery. The large and small intestines were removed and opened; but did not exhibit any appearance of disease (except on their peritoneal surface). The stomach, spleen and pancreas were healthy. The liver was removed, and the biliary ducts carefully traced out and opened, and appeared healthy. The liver was then laid upon its inferior surface, and upon making an incision upon its upper, or convex surface, several small points of purulent matter were perceived. On carefully examining these, the purulent matter was found to issue from the cut orifices of the branches of the vena portæ. Incisions were then made into the substance of the liver, in various places, and the same appearances were observed in the cut portions. The trunk of the vena portæ was now examined, and presented the appearance and feel of a firm, hard cylinder, and when opened, was found to be filled with coagulable lymph and semi-purulent matter, and a few small clots of blood. This vein, upon being traced into the right and left lobes of the liver, exhibited the same appearance in its branches, as far as their third and fourth divisions. Subsequently (next day) a small portion of the liver, placed under the microscope, exhibited no pus globules in its minute structure. On examining at the same time a portion of the mesentery, and carefully tracing up a branch of its mesenteric vein towards the intes-

tine, this vein with its small branches was observed to be filled with shreds of coagulable lymph and semi-purulent matter. At the apex of both lungs, a few small cicatrices were found, as also some three or four small cretaceous masses. A few old and slight adhesions existed between the right lung and pleura costalis. The structure of the lungs and heart was perfectly healthy.

Remarks upon the Report of the Post-mortem Examination.—The statement of the appearances on the post-mortem examination, as drawn up by Dr. Isaacs, although correct in the main, is still deserving of a few remarks. In speaking of the liver, he does not state the peculiar appearance of the upper surface, which I think is worthy of note. On the convex surface, it presented a light opal shade—observable on both lobes—the lesser one being slightly *noduled*, but offering no resistance to the finger, upon being passed over it; the size of the liver was rather less than usual. He goes on to state "that it was then laid upon its inferior surface, and upon making an incision upon its upper or convex surface, *several small points of purulent matter were perceived.*" This statement certainly does not appear to me to give a complete view of the condition of things, inasmuch *as every branch of the portal vein in both lobes so cut, was literally gorged with purulent matter, as far as the eye could follow its ramifications.* Dr. Isaacs then further states, "that the trunk of the vena portæ was examined and presented the appearance and feel of a firm, hard cylinder, and when opened was found to be filled with coagulated lymph and semi-purulent matter, and a few small clots of blood. The vein on being traced into the right and left lobes of the liver, exhibited the same appearances in its branches, as far as their third and fourth divisions." This description of the appearances of this vein does not certainly accord with my impression derived at the time. The trunk of the portal vein was at its cut extremity partially supported by a

cylindrical lining or false membrane of lymph, attached to the inner coat of the vein by shreds: this vein was imperfectly filled with purulent matter, much having run out. The cylindrical lining was found, when laid open, to extend throughout to its third and fourth divisions, the orifices were *filled* with *purulent* matter. I could not discern the *clots of blood* as discerned by Dr. Isaacs. Dr. Isaacs then makes mention subsequently (next day) of a small portion of the liver being placed under the microscope, "exhibiting no pus-globules in its minute structure," and "on examining at the same time a portion of the mesentery, and carefully tracing up a branch of its mesenteric vein towards the intestine, this vein with its small branches was observed to be filled with shreds of coagulated lymph, and semi-purulent matter." As I was not invited to these microscopic observations, I will here take the liberty of asking Dr. Isaacs how far the matter or pus globules were traced in the minute distribution of the portal vein in the liver? Does the *minute structure* of the liver, as above stated, include the minute distribution of the portal vein? or is the remark confined to other portions of that organ? I must infer that it has reference to the latter only, as these branches were gorged with purulent matter, as far as the eye could trace them. While upon microscopic inspections, I would beg leave to remark, that as no mention is made of the pus globules being of long standing, I presume it is conceded that the matter found in the post-mortem examination of the body of Dr. R., was of recent formation. That the matter as found in the depots in the mesentery was not of long standing is evident, both from the fact that he had enjoyed comparatively good health to the time of his late illness, except occasional bilious discharges from the bowels, as well as from the fact that the depots of matter above described were not encysted or supported by dense walls or distinct coverings; as they were barely sufficient

to retain the accumulation, thereby showing that the pus as found in the depots was of rapid and recent formation.

Dr. Isaacs omitted, or probably it did not seem to him important, to detail the conversation I had with him at the time of conducting the post-mortem examination. I will, therefore, state, as it is important in confirming my views of the case, that at this stage of the dissection, after the removal of the stomach and intestines (for I had not before spoken to him in reference to the post-mortem), I requested him to remove the liver and its appendages carefully, and to place them in a basin for examination near the window, which he politely did. I then requested him after inspecting the convex surface of the liver, first to examine the capsule of Glisson, and the main ducts with the blowpipe, to ascertain their condition: they were sound. Secondly, I requested him to turn the liver over (convex side uppermost) and to make a deep incision transversely through the major lobe so as to divide the ramification of the branches of the portal vein, and to repeat the same in the lesser lobe; this also he did. They were found gorged with matter. Thirdly, I then requested him to pass a blowpipe into the main channel or vena portæ to ascertain if the branches so divided by the incision (and gorged with matter) were the ramifications of that vessel only; this was also done. Fourthly, I then asked him to make an incision diagonally to the first and longitudinally with the trunks of that vessel; this was done, and they also were found gorged with matter and cylindrical lymph. The same was repeated on the lesser lobes with similar results. Fifthly, I furthermore requested Dr. Isaacs to turn the liver over and examine the portal vein on its entrance into the liver, and to divide it quite up to its first divisions; they were, in like manner, found gorged with purulent matter, and contained the same cylindrical lymph formation.

REVIEWS.

Art. IV.—*The Geological Observer.* By Sir Henry T. De La Beche, C. B., F. R. S., &c. Director General of the Geological Survey of the United Kingdom. Philadelphia: Blanchard & Lea. 1851.

The progress made by Geological science since its great elemental truths were first announced by Dr. Hutton, before the Royal Society of Edinburgh, in 1785, is one of the most surprising evidences of intellectual activity, energy and power that we remember in scientific records. The profound and unanswerable truths first promulged by Dr. Hutton, though fully and ably sustained by Professor Playfair, did not save the infant science from, what was supposed to be, a religious warefare. It assumed the worst possible phase that the spirit of the times would permit. It gloried in darkness, and blazed with denunciation, dark, bitter, unrelenting and devilish. In the full light of geological truth that now streams in uninterrupted fullness from every quarter of civilization, it is difficult to realise the fierceness and the folly that opposed the calm, philosophical and truthful views contained in Dr. Hutton's celebrated "Dissertation on the Theory of the Earth." For awhile, according to Professor Lyell, it was better for a man to have a stain upon his moral reputation than to yield assent to the geognostic views of Dr. Hutton. The clergy leveled broadsides of scripture at the rash adventurers, the church took the

alarm, and denounced anathemas against the new irruption of Gibbons, Voltairs, Paines, and Rousseaus who were said to have assailed revelation in the guise of philosophy.

Despite, however, of the argumentation we have rather hinted at than described, the new philosophy made rapid progress. The earth teemed with its truths, and the ardent and admiring disciples of Dr. Hutton, and a nobler band never gathered under a scientific banner, were enabled to pile proof upon proof, to such an extent as to sweep all opposition into annihilation. But we know of no stronger evidence of the nature of the impenetrable veil of darkness which the mists of religious prejudice can make, than is furnished in Dr. Buckland's *Reliquæ Diluvianæ*. In that work Dr. Buckland was determined to make the truths of geology fit his notions of the Deluge, and he permitted himself to indulge in the most foolish diatribes against the labors of Cuvier, which he must have remembered with shame and confusion while he was writing, subsequently, his masterly Bridgewater treatise. In that he wisely forgot his Deluge notions, and permitted geology to speak its truths, without attempting to mix them up with matters that had no kind of connection with them.

The vastness and all-absorbing interests connected with geology commend that science to the study of every human being that has any fondness for science of any kind. Its profuse and varied riches enable us to trace creation almost from its very dawn, through all its various stages, up to the time when history undertook its work with the earth. In surveying the crypts of the earth, the mind expands and elevates itself to a relationship with the grandeur and magnificence of the theme before it; from the gushing streams of knowledge that pour forth in every direction a perpetual joy is furnished; and from the whole survey, man feels that he knows his Creator better from a study of the revealments of fossils and strata of

rock, than he could know him from written revelation alone. To the medical inquirer these studies are of the profoundest interest, and we envy not that medical mind that takes no pleasure in these things. Every truth in nature has its value for the medical philosopher, and he who is the most deeply imbued with the truths that belong to each department of nature, most perfectly fulfils the demands of philosophy.

It is not our purpose to write an introduction to the merits of Geology. We hope the day for a defence of or a plea for the merits of science has gone, and that those who acknowledge their ignorance of its truths have some more truthful excuse than is found in any depreciatory statements respecting it.

To those who feel any desire to enter upon the study of geology under the guidance of a most intelligent instructor; one who is not only capable of instructing, but of delighting at the same time, we warmly commend Sir Henry de la Beche. His name and his labors have long been familiar to the students of geology, and he has built up for himself, a reputation that will live as long as the science of geology shall attract the attention of men.

We purpose now, not to analyse the work before us, but to indicate some of the sources of pleasure, and some of the characteristics of useful and invigorating knowledge that may be confidently sought in this volume.

The author thus announces the aims and objects of his book:—"The following work was undertaken in the hope that the experience of many years might assist and perhaps abridge the labors of those who may be desirous of entering upon the study of geology, and especially in the field. Its object is, to afford a general view of the chief points of that science, such as existing observations would lead us to infer were established; to show how the correctness of such observations may be tested; and to

sketch the directions in which they may apparently be extended."

We know of no other work that fulfils the objects presented in these remarks as perfectly as the book before us. He that would understand the geognostic condition of the globe, both past and present, should seek it in the ample pages of De la Beche's Geological Observer.

The Introduction to the scientific portions of the work is occupied with an examination of the nomenclature of Geology, and it is certainly desirable that a more perfect system than now obtains should be introduced in that department. A great deal of confusion arises from naming groups of rock from some special locality, by which a necessity is imposed for the study of the nomenclature of each section of the world. The Devonian, Jurassic, Cambrian and Silarian groups of fossils are thus named from special localities, instead of from certain characteristics that would suit those groups, no matter where they might be found.

The relations of the characteristics of soils to vegetable and animal life are of great value to the scientific physician, and as they are not elucidated well by any other science than geeology, they constitute a plea for a thorough understanding of all that is known on the subject. They will not enable a man to discriminate between the various forms of fever, to understand the phenomena of inflammatory actions, to amputate a limb, to open abscesses, or to lance gums, but these are but portions of the claims of medicine to public confidence. An understanding of the whole science of hygiene; the etiology of diseases, and of the essential laws of sanitary regulations, is an essential portion of the paraphernalia of the true physician, and this understanding is inseparably connected with geological studies. Pretenders to geological science, for it has its pretenders as every other useful pursuit has, have ridiculously attempted to make out the originating

meanderings of epidemic disease, by certain geological formations, but these follies never were undertaken by the masters of the science, and their failure reflects discredit on the authors of the folly, not on the science itself. But if the production of any form of disease is the result of terrestrial influences, those influences are connected with the soil, and it forms a proper subject of medical study.

De La Beche very properly opens the science of geology, with the disintegration and decomposition of rocks, and the growth of soils as a consequence of such decomposition. And the medical reader is prepared to expect that etiological facts will be modified materially by the character of the rock, the decomposition of which makes a special soil. Those diseases that spring from the decay of vegetable matter will be more abundant in the region of soils formed by the decomposition of limestone rocks, than where the soils are made of the decompositions of sand-stones, or granitic rocks. The decomposition of rocks containing oxides of iron also shows modifications of special interest. These various decompositions are handled, geologically, with singular ability, in the work before us. It is the duty of the physician first to master these truths, and then he may hope to apply them to advantage.

The whole geognostic panorama passes in review before the student of De La Beche's sections. Thus we have, "the removal of parts of rocks by water, soluble substances, carbonate of lime, travertine, analysis of running water, hot springs, geysers, springs on the out crop of strata, springs on faults, cause of land-slips, transport of detritus by rivers, deposit of detritus in valleys, action of rivers on their beds, removal of lakes by river action, formation and discharge of lakes." The laws of drainage, thus displayed by nature, are of vast interest to him who wishes to be useful in the sanitary regulations of communities, and those laws are developed in the sections we

have indicated, with great force, clearness and perspicuity.

But let us resume the subjects of the work before us, and follow our author through "lacustine deposits, action of the sea on coasts, difference of tidal and tideless seas, the unequal abrasion of coasts, shingle beaches, coast sand hills, contemporaneous deposits of mud, sand and gravel, influence of ice in the Baltic, gulf of Mexico and Mississippi. Bars at river mouths, deposits in estuaries, influence of waves, form of the sea bed round the British isles, influence of currents, distribution of sediment over the floor of the ocean, chemical deposits in sea, and calcareous deposits." These prepare us for the phenomena of "the preservation of remains of existing life in mineral matter, plants and vegetable matter, bogs, Dismal swamp, rafts in the Mississippi, animal remains on the land, vertebrata, insects, land molluscs, effects of showers of volcanic ashes, foot-prints in mud, marine deposits and remains, modifications of conditions on the coasts of America, of the Pacific ocean, of the Indian ocean, coasts of Africa and Europe, Arctic sea, distribution of marine life, modifications from temperature and pressure, from light and supply of air, Sir E. Forbes, on the Ægean sea, zones of depth, zones of depth in the British seas, organic remains deposited in the deep ocean, corals in all their forms and formations." This section contains matters of great interest to the physician. In one item,—the influence of light and air, there is a volume of instruction, even to the mere bed-side physician. It is not very complimentary to medical science, that Cuvier was first permitted to enunciate the universal law—"that all animals are vigorous in proportion to the amount of oxygen they consume," a law that cannot be too frequently before the mind of the physician in the treatment of disease.

Let us pursue the objects on which our author teaches how to observe geologically.

The 10th section is devoted to the following subjects: "transportal of mineral matter by ice, height of snow line, glaciers, cause of the movement of glaciers, grooving of rock by glaciers, Arctic glaciers reaching the sea, northern icebergs and their effects, and Arctic glaciers and ice barriers, transportal of detritus by river ice, geological effects of coast ice, effects of grounded icebergs, general geological effects of ice, influence of a general increase of cold, modifications of temperature from changes in the distribution of sea and land, effects of gradual rise of the sea bottom strewed with ice—transported detritus, increase of Alpine glaciers, transportal of erratic blocks by glaciers, elevation of boulders by coast ice during submergence of land, Arctic shells in British deposits, evidence of a colder climate in Britain, extinct Siberian elephant, changes of land and sea in Northern Europe, extinction of the great Northern mammals, range of the mammoth, frozen soil of Siberia.

Section 11th discourses in ample detail, "on ossiferous caves and osseous breccia, former connexion of Britain with the Continent, mammoth remains in the British seas, mud in ossiferous caves, human remains in Paviland cave, and in ossiferous caverns, pebbles in ossiferous caves, deposits in subterranean river channels, osseous breccia in fissures, changes in the entrance to caves, occurrence of mastodon remains, extinct mammals of France."

The 12th, 13th, and 14th sections are devoted to volcanic phenomena and earthquakes.

The 15th section discusses the following interesting subjects: "Quiet rise and subsidence of land, rise and depression of the coast in the bay of Naples, elevation and depression of land from increase and decrease of heat, gradual rise of land in Sweden and Norway, raised coasts in Scandinavia, gradual depression of land in Greenland, movements of coasts in the Mediterranean, unstable state of the earth's surface."

Section 16th is devoted to the following themes: "Sunk (submarine) forests and raised beaches, sunk forests of Western Europe, sunk forests beneath the sea in roadsteads, mode of occurrence of sunk forests, localities of sunk forests, remains of mammals and insects in sunk forests of Western England, foot-prints of deer and oxen amid the rooted trees of sunk forests in South Wales, raised beaches, detritus, &c.

The 17th section developes certain features of temperature that are not so familiarly known as they should be. The subject is divided into the following branches: "Temperature of the earth, temperature of different depths in Siberia, temperatures found in Artesian wells, heat of waters rising through faults and other fissures, variable temperature from unequal percolation of water through rocks, temperature of waters in limestone districts."

Section 18th contains groups of facts of the profoundest interest to the geological student. It embraces the following themes: "Mode of accumulation of detrital and fossiliferous rocks, detrital rocks, chiefly old sea bottoms, mixture of beds with and without fossils, variable mode of occurrence of organic remains among detrital and fossiliferous rocks, beaches on the shores of land at the time of the Siberian deposits and old red sandstones, beaches of the new red sand-stone series, beaches at the time of the lias, boring molluscs of the inferior oolite period, overlap of the inferior oolite, land of the time of the lias, evidence of land from fresh water deposits, effects produced on coasts, rivers, and lakes, by continued elevation of land above sea, elevation of land over a wide area, effects of closing the Straits of Gibralter, lakes on the outskirts of mountains, mixture of organic remains of different periods from submergence of land, variable effects of submergence of present dry land, evidence afforded by the coal measures, stigmaria beds in the coal

measures, stems of plants in their positions of growth in the coal measures, filling up of hollow vertical stems, and mixture of prostrate plants with them, growth of terrestrial plants in successive phases in the coal measures, false bedding in coal measure sand-stones, surfaces of coal measure sand-stones, drifts of matted plants in the coal measures, extent of coal beds, partial removal of coal beds, channels eroded in coal beds, lapse of time during deposit of coal measures, pebbles of coal in coal accumulations, marine remains in part of the coal measures, gradual subsidence of delta lands, fossil trees and ancient soils, Isle of Portland, conditions under which the ancient soils and growth of plants were produced at Portland, raised sea-bottom round British islands, overlap of cretaceous beds in England, foot-prints of air-breathing animals on surfaces of rocks, rain marks on surfaces of rocks, elevation or depression of the bottom in the ocean, character of the surfaces of rocks, friction marks on rock surfaces, ridged and furrowed surfaces of rocks, effects of earthquakes on sea-bottoms, mode of occurrence of organic remains, distribution of organic remains, effect of the rise and fall of land on the distribution of organic remains, distribution of organic remains with respect to different kinds of sea-bottoms, infusorial remains, caution as to forms of life supposed characteristic of different geological times.

Sections 19th and 20th, treat of igneous products of earlier date than those of modern volcanoes, of the various phenomena of igneous rocks, elvans, dykes, granitic and porphyry dykes, composition of igneous rocks, serpentine and diallage rocks, olivine, syenite, hornblende, minerals entering into the composition of igneous rocks, central fractures, phosphate of lime in rocks, crystaline phenomena in rocks, mineral matter transmitted into altered rocks, mica slate and gneiss, cleavages in their varieties, complications of bedding, jointing and cleavage.

Sections 21st and 22d possess all the interest of the most absorbing novel, with all the substantial realities of science. They develop the following matters of interest: "Bending, contortion and fracture of bedded rocks, earth's radius compared with mountain heights, the volume of the earth compared with mountain ranges, effects of a gradually cooling globe, mountain ranges viewed on the large scale, directions of mountain chains, conditions effecting the obliteration or preservation of mountain chains, binding and folding of deposits in the Appalachian zone, North America, flexures and plications of rocks in the Alps, igneous rocks amid contorted beds, contorted coal measures of South Wales, range of mineral veins and common faults in South Western England, filling of fissures and other cavities with mineral matter, sulphurets of lead, copper, &c., replacing shells, filling of minor fissures, solubility and deposit of mineral matter in fissures, deposits from solutions in fissures, frequent occurrence of sulphur, arsenic, &c., with certain metals in mineral veins, character of metaliferous veins amid associated dissimilar rocks, condition of mineral veins traversing elvan dykes, influence of different rocks traversed on the mineral contents of fissures, mode of occurrence of lead ores amid the lime-stones and igneous rocks of Derbyshire, 'flats' of lead ore in lime stone districts, metaliferous deposits in the joints of rocks." and so on through all the geological phenomena of metals.

Section 23d is devoted to the following subjects: "Partial removal of rocks, great denudation arising from the action of breakers, ancient exposure of the coasts of the area of the British islands to the Atlantic, island masses of deposits left by denudation, new slices of land now being cut away by breaker action, amount of matter removed by denudation, needful attentions to the greater geological problems."

We have thus endeavored to direct the attention of in-

quirers into geological science, to the ample resources of the work before us. It would be difficult to point to a book of profounder interest, and the geological student may resort to its pages under the confident assurance that he will find abundant knowledge conveyed in the most pleasing and impressive manner. Medical men should awaken to the importance of this kind of knowledge. It is shameful that thousands of them are passing their lives in the midst of the greatest treasures, which they are no more capable of understanding than the dialects of the Arian language. Kentucky, for instance, is one of the finest fields in the world for geological science, but what is Kentucky science doing for this noble field? Almost nothing.

Scientific men of every locality owe a debt not only to science, but to their scientific brethren, scattered over the world, and for this reason, we think that Kentucky should not much longer remain a sealed book to the world, nor should the scientific men of the State, by their apathy and neglect, permit aliens to come in and open these fountains of knowledge.

A Natural History Society has been recently commenced in Louisville, Ky., under very favorable auspices. The museum, which has already begun to grow, will be extensive, rich in various material, and admirably arranged. We earnestly hope that, at least, every Kentucky reader of these remarks will consider himself a special committee to contribute to the growth and value of this museum. The fossils, minerals, fauna and flora of Kentucky should be investigated and made known. We trust that these hints will neither be forgotten nor neglected.

We again and again commend De La Beche's great work to the attention of our readers. If each medical man in Kentucky could be induced to read that book, we should have no kind of fear for Kentucky geology. In addition to the perspicuous language of the author, each

subject is elucidated by an excellent series of illustrations. The work may be obtained of Beckwith & Morton.

B.

Art. V.—*Minutes of the Ohio State Medical Society*, held in the city of Columbus, June, 1851, with Addresses and Essays. Columbus, 1851. 8vo pp. 152.

The Minutes of the Society are brief; the reports, addresses, and essays make one hundred and fifty pages of the volume, and among them are several of decided ability and interest.

The first report is on the Medical Societies of Ohio, and the committee close it with the following resolution:

"*Resolved*, That the encroachments made upon the medical profession, by quackery, in its various forms, have greatly lessened the standing and usefulness of the regular profession of medicine, in the public confidence—that this is greatly owing to our holding in our own connection, men who are known to be deficient in medical attainments and qualifications—that a thorough organization, under proper and wholesome restriction, in the form of Medical Association, is the most efficient means of preventing and counteracting this evil."

The first essay is by Dr. Bœrstler, on the the contagiousness of cholera, of which fact he entertains no doubt. He cites many facts favorable to his conclusion; but he cannot be ignorant that just as many might be cited which look in precisely an opposite direction.

The report of the committee on *ovarian diseases* embraces interesting statistics, and concludes with the following summary:

"1. That even extensive sections of the peritoneum, are not so often followed by fatal results, nor are they so hazardous, as was formerly apprehended by surgeons.

2. That a greater number of permanent cures have re-

sulted from extirpation, than from any other mode of treatment.

3. That the encysted variety of ovarian tumors, is most favorable for operation."

Appended to the report is a communication from Prof. Atlee, giving an analysis of two hundred and twenty-two cases of ovariotomy, which will be examined with great interest by the surgeon. And this is followed by a report of five cases of ovarian tumors, by Dr. Buckmaster.

The next paper is by Dr. Buckner, and gives the particulars of an anomalous case of abdominal tumor. To this, various reports succeed, of one of which, "on the use of opium in certain forms of nervous irritibility," &c., we avail ourselves in another department of our present number.

A very interesting essay on Typhoid Fever, by Dr. John Dawson, follows, from which, if we had room, we would be glad to make copious extracts. Dr. Dawson is well known to our readers, having contributed many valuable papers to our journal. The present essay is carefully written, and evinces at once a turn for patient observation and a talent for philosophising of the utmost value in the practitioner of medicine. In respect to style, we should say that it is an improvement upon some of his earlier papers. The style is less involved; more simple, and unaffected; and therefore, to our tastes, more agreeable. We have remarked only a few such sentences as the following in this essay:

"Invoked, if possible, with still more confidence, have been the alterations of structure, which are alleged to be peculiar to typhoid fever."

With an occasional sentence like this, we find the words "therapeia" and "dietetica," for therapeutics and dietetics, to which, if we felt disposed to be critical, we might object a little; but where an essay possesses so many excellent

qualities, the critic may well pass over a few trifling blemishes like these in silence.

Reports on "Practical Medicine" and the "Medical Literature of Ohio," complete the volume. A well merited compliment is paid in the latter to Dr. Drake's work, on the "Principal Diseases" &c., of which the committee say, that, "until the face of the vast regions covered by his work shall have experienced a physical change, this author will be referred to by all writers upon general medicine, in the United States."

Art. VI.—*Eighth Report to the Legislature of Massachusetts*, relating to the registry and returns of births, marriages and deaths, in the Commonwealth. By Amasa Walker, Secretary of the Commonwealth. Boston. Dutton & Wentworth. 1851.

As stated in a prefatory note by Mr. Walker, this report—a very elaborate and interesting document---was drawn up by Josiah Curtis, M. D., to whom we are obliged for a copy of it. It makes a volume, neatly and tastefully executed, of one hundred and thirty large octavo pages, more than half of which are statistical tables, and of which we propose to give as complete an analysis as we can do in the time and space at our command.

The report covers twenty months; from the 1st of May, 1848, to December 31st, 1849; and embraces an analysis of thirty-eight thousand three hundred and thirteen *births;* ten thousand nine hundred and fifty-one *marriages;* and thirty thousand five hundred and ninety-five *deaths.*

In Table 1, is given the *births* in Massachusetts during eight months of the year 1848, from which it appears that the greatest number occurred in August, and the next greatest in September, whilst the smallest number occurred in May. The same fact is exhibited in tables giving the births in 1849; and is probably to be explained by the

circumstance, that most marriages are contracted in November, and that the close of autumn is the season when food is most abundant and the average of general health is highest. It is in that month, or the one succeeding, that, for these reasons, conception ought oftenest to take place. Cases of twins in 1848, were most numerous in July, and next to that in August; but in 1849, the plurality cases were most frequent in September and October, attaining the highest number in the latter month. In January, the number of these cases was fifteen; in February, seventeen; while in September they were thirty-six, and in October forty-nine.

"Each annual return," says Dr. Curtis, "shows that a majority of those born in the State are males, while a majority of those who die are females." The proportion of births in 1849, was 52 to 48 per cent., and of deaths 49.53 to 50.47, showing a greater difference between the sexes in the births than the deaths. In reference to *marriages*, the following results are brought out by the tables:

"A remarkable uniformity will be noticed to exist generally in the above tables, between the proportions which the several months furnish in the one year and the six years. The months, however, differ widely from each other. November indicates that more than twice as many marriages have been solemnized in that month as have taken plnce in either of the several other months. February, March, July and August do not differ much in their proportion, and they are found to furnish less than any other months of the year.

Age presents also quite an interesting topic for consideration. During the twenty months we find marriages among persons of all ages intervening 13 and 91. The youngest individual married was a female of 13 years, several instances of which occurred. The youngest male was 16, who married a female of 19; the youngest couple was a male of 17 and a female of 14; a male of 20 and another of 25 married each a female of 13; a male of 19, one of 21, aud another of 27, married each a female

of 14; two males of 25 each, two of 28 each, one of 30, one of 35, and another of 47, married each a female of 15; and a bachelor of 50 married a girl of 19.

Although the male was usually the eldest of the allied couple, yet many instances happened where the reverse obtained; thus we find a male under 20 married a female over 40; a bachelor of 24 married a widow of 42; a bachelor under 35 married a widow over 60; and another bachelor under 40 married a widow over 75. A female of 18 married the *second* time, and one of 59 married the *fifth* time. A male of 30 married the *third* time. One of 36 and another of 45 married the *fourth* time, each. Among those at later ages in life, we find a male of 81 married a female of 69; but the oldest couple married were Mr. Calvin Kilborn, of Princeton, and Mrs. Susan Saunders, at the respective and respectable ages of 91 and 70. He is a farmer in good health, of sprightly habits and good mental faculties, still remembering the scenes and "incidents of travel" which he experienced in 1777, when he went as fifer at the Bennington Alarm. It seems worthy of notice that in this office, and almost side by side, are the official records of Mr. Kilborn's enlistment in Capt. John White's company which marched to Bennington in July, 1777, and also of his marriage in November, 1848, more than three score and ten years having intervened the interesting events. He has always been able to do the work on his farm to the present time, with but little assistance."

As to the probabilities of marriage, it appears that under the age of twenty years, they are on the side of females, fifteen to one; that between the ages of 20 and 25, they are much nearer equal, though still somewhat in favor of the female; but that after the age of 25, till death, they are about two to one in favor of the male. Dr Curtis continues:

"Again we perceive above, that of all females married, the chances that this interesting event will take place prior to the age of 20, are about as *one to four* of all the probabilities that they will ever marry; that is, when a

female arrives at the age of 20 years and is unmarried, nearly *three quarters* of her probabilities are lost, and if she is unmarried at the age of 30, she has passed nearly *nine-tenths* of her chances of ever becoming a wife. The case is different with males, more than one half of whose marriages occur subsequent to the age of 25. But the period of life between 20 and 25 appears the most probable of all the quinquennial periods for matrimonial alliances to both sexes."

The mortality of the State was signally increased, in 1849, by the prevalence of cholera, 20,423 deaths having occurred in that year against 12,934 in 1848. This epidemic exhibited in the cities and towns of Massachusetts the same preference for foreigners that has been manifested by the disease in so many other places in our country, and was strikingly shown in this city last summer. "Of the 707" says the Report, "who had it in Boston, 572 were foreigners, 460 of these being natives of Ireland; and only 135 were born in this country, 42 having been born in Boston, and 42 more in other parts of this State."

Of *Dysentery* the Report, after mentioning that the mortality from it was very great, goes on to remark, that,

"In its late visitations it differs as much, or more, from the ordinary type of that disease, as cholera differs from cholera morbus, or as typhus does from the plague of former times in older countries. The years 1848 and 1849 were particularly noted by the terrible mortality from this destroyer. For six years previous to 1847, the annual average of deaths from dysentery was only 236, but in 1847 it rose to 1,074, and during the succeeding twenty months, which are embraced in this Report, it numbered 4,590, of which 2,455 were in 1849. By far the most fatal year was 1848, immediately preceding the visit of the cholera. In the latter eight months of that year, 3,135, or nearly a fourth part (23.53 per cent.) of all deaths in the State, occurred from it, besides those in the city of Boston. In 1847 and 1848, this epidemic was principally confined to cities in the eastern part of the

State, but in 1849 it appears to have chosen more rural localities, 67.53 per cent. being in the country districts, and only 32.47 per cent. in cities."

Typhus fever appears to have diminished in the State, but measles, scarlet fever, and small pox have increased within the last seven years. The latter disease was the cause of one hundred and fourteen deaths, in 1849, and of only one hundred and six, during the whole of the seven years previous to 1848. Diseases of the digestive organs, says Dr. C., "have also constantly increased of late." But the great outlet to human life in Massachusetts is phthisis pulmonalis.

"Of the 102,596 cases of death recorded in this State (including the city of Boston) within the last nine years, and whose diseases were specified, (besides those who died by violence,) 22,342 are stated to have been from consumption of the lungs! that is, a little more than one out of every five deaths, (21.78 per cent.) This may be confidently stated as very near the general law, or degree of relationship, which this formidable terminator of human life bears to the aggregate of all other diseases in this Commonwealth. Besides these from consumption, 4.88 per cent. of all deaths, of known diseases, were from inflammation of the lungs, making 26.66 per cent., or somewhat more than one quarter of the mortality from these two common diseases of the lungs alone!"

The influence of *season* upon health is shown in statistical tables, from which it appears that the summer months in that northern latitude, as well as in regions farther south, "are by far the most fatal."

"August and September present an aggregate of 30.70 per cent., which is more than double the amount shown by any other two contiguous months, and nearly double the amount of any two selected months. The two months above named show a difference from each other of only the half of one per cent. in the State; but in the divisions

of city and country it is much greater, and stands against August in the former, and against September in the latter. In some of these cities, isolated, it is still greater; being in the city of Boston, for instance, 19.94 per cent. in August, and only 10.88 per cent. in September. Previous to 1840, September was the most fatal month in the mortality of Boston, and prior to 1820 it was in October that the most deaths occurred. This change has taken place gradative, as Boston has become more densely populated, and more insalubrious to its residents, particularly the younger portion of them. In the country districts, the abstracts show us that September is at this time the most fatal of either of the twelve months. Had time permitted us to have made the requisite abstracts from the records, it would most probably have been demonstrated to us that the excessive mortality of summer in cities, especially, was, to a very unproportioned degree, sustained by children. Of all who died in the city of Boston, in the months of August and September, 1849, omitting the deaths from cholera, which mostly prevailed among adults, we find that 56.24 per cent. were under five years of age.

Among the diseases which seem to prefer particular seasons of the year, we observe generally that zymotics and those which are severe upon tender life, mostly select the hot weather of advanced summer. Dysentery in its epidemic type, as it has prevailed of late, seems particularly to be almost confined to a short period, while the arch disease, consumption, runs through all seasons with nearly equal results."

Under the head of *Occupations* not many statistics are given, but the few presented are significant and instructive.

"Thus, of *agriculturists* or *farmers*, we find nearly five thousand (4974) with an average age of 63.83 years. Of ordinary *laborers* there were 2282, many of whom were probably foreigners, with less healthy habitations than the home of the planter. With the laborer we find the average age to be only 45.39, being 18.44 years less than the average life of the husbandman. A similar disparity is noticed also, in examining the number of each of those classes which were furnished by the separate years.

Again, let us compare the two trades, *carpenters*, who are not confined by their labors to one place, or to in-door influences, and the *shoemaker*, who is subject, under present arrangements in most workshops, to serious influences, tending to deteriorate health and abridge life. The 662 carpenters lived an average age of 49.28 years, while the 1011 shoemakers enjoyed an average life of only 43.04 years, being 6.24 years less than their more fortunate brethren just alluded to, and 20.79 years less than the highly favored farmer. This difference, though quite sufficiently important to arrest attention, receives additional claims to notice, when we consider that the race which finds a goal at such unequal distances, does not commence prior to the 21st year of life. Taking the extreme cases, we find the farmer and the shoemaker, at the age 20, with a prospect of living 43.83 years extended to the former, while that of the latter is curtailed to only 23.04 years, showing a difference of nearly one hundred per cent. Laying aside all considerations more elevated than those of merely a pecuniary element, and we find the farmer paying the same premium for life or health assurance as those of other callings in life, although the latter may have no chance of living much more than one half as long as the former."

While the mortality in the State, during the years 1848 and 1849 was over two per cent., "from an accumulation of facts," says Dr. Curtis, "it is evident that it might be reduced and kept as low as 1.50, or at least 1.75 per cent.;" and if thus reduced, more than four thousand lives would have been saved to the State in each of those years. These deaths may therefore be set down as having occurred unnecessarily; and the conclusion is, that much yet remains to be done even in that well-ordered Commonwealth, "for the preservation and general welfare, physically, socially, morally, and pecuniarily, of its citizens." Let us add, that nothing is so well calculated to turn public attention to these improvements, and to bring about the needed reforms, as these registration reports. We cannot believe that abominations such as are detailed in

the following extract, which we make from the report of Dr. Curtis, can long appeal for abatement to an enlightened and Christian community:

"Of Lowell, says Rev. Mr. Wood, the philanthropic and humane minister at large of that city, 'There is one infraction of the laws of life and health among the poor, which, I think, should be brought more prominently before the public. This is in connection with their habitations. Their rooms are generally not ventilated at all. From six to ten persons frequently sleep in a single room, and sometimes in one bed. . . . Cellars are occupied in very damp locations, where water frequently stands in drops on the walls, and in wet times can be wrung from the sheets of the bed. Two-thirds of the inhabitants of the city, probably, would not deposit their vegetables where not a few families reside. I know of one case, where, in two connected rooms in a cellar—and lighted by only three small panes of green glass covered with cobwebs, and where, on entering, I stumbled over the beds, because I could not see them—four families, amounting to twenty-two souls, were living!' A late dispensary physician of the same city, writes: 'Very few are aware of the hundreds of places now inhabited by a horde in a horrid condition. One week ago I entered a house in a central location, and found it occupied by one store and twenty-five different families, embracing one hundred and twenty persons, more than half of whom were adults! In one of the rooms, which was inhabited by two families, I found one of the families to consist of a man, his wife, eight children, (four of whom were over fifteen years of age,) and four adult boarders!'

Of Boston, Dr. Buckingham, late dispensary physician, writes: 'I have seen the tide pouring into a back yard, from all four sides, to the depth of a foot; and have known men to sail around their kitchens in pursuit of their dinners, and coast along the shores of their cellars in tubs, for their winter's wood!' In the City Physician's Report on the Cholera in Boston, in 1849, we find that 'one cellar was reported to the police, to be occupied nightly, as a sleeping apartment, by thirty-nine persons! In another, the tide had arisen so high that it was necessary to approach the bedside of a patient, by means of a

plank, which was placed from one stool to another, while the dead body of an infant was actually *sailing* about the room in its coffin!"'

Art. VII.—*Lecture, Introductory to the Course on the Institutes of Medicine in the University of Pennsylvania.* By Samuel Jackson, M. D. Published by the Class. Philadelphia: 1851.

In this Lecture, Prof. Jackson asserts his clams to the authorship of many physiological doctrines now beginning to prevail. With a desire to do justice to the views he has maintained in his lectures for a number of years past, we present the following extracts from his late introductory, in which our readers will not fail to remark a striking resemblance to those of Dr. Carpenter quoted in our last number:

"The force presiding over the production of plastic matter is the same as the chemical force of organic bodies, and the primary and common organic form, a cell, may, as Mulder states, be the inevitable consequence of the special material. But whence come the special organic forms, so numerous, it may be said endless; so diversified and complex, yet always the same, and constructed on a plan perfect of its kind, and expressive of an ideal conception of the highest intelligence? Is it possible to regard the organic forms of living beings, bearing the impress of ideas that could originate only in the profoundest knowledge, and the very supremacy of wisdom, as proceeding from a force identical with chemical or physical forces, or any mere material force, or a necessary result of any material condition?

Employing the term force in its philosophical sense, as the expression of an unknown cause, I have been accustomed to ascribe this class of phenomena as exclusively belonging to organic force, or the radical force of life.

The special character of organic or radical force of life, if this view be correct, is modality, or the power of creating organic forms, the instruments and mechanisms of life. It possesses none of the attributes of the physical

forces in its actions and influences. It has no identity with them; yet there is undoubted correlation.

Forms are immediately connected with matter, and organic forms with special protoplasms. These organizable materials are the product of chemical actions and play of chemical force, while this special direction of chemical force is depending on a definite temperature 98° to 100° in warm-blooded animals.

Again: organic matter is always the product of living beings; is prepared in organic or life instruments, under the chemical force which can accomplish those combinations only under the condition of a living organ endowed with organic force.

The correlation is evident. There exists a chain of sequences, each one of which is an indispensable link, necessary to the creation, in a material form, of an ideal type. But correlation and intimate dependency do not constitute identity of nature. A clear distinction is apparent between the force that prepares, by a chemical action, the material for constructing an organ or instrument, and the force that forms an ideal plan of the instrument or organ, and constructs it of this material.

Examples illustrating this proposition are furnished by the eye—an optical instrument; by the ear—an acoustic instrument; by the heart—an hydraulic engine; and the lungs, a pneumatic apparatus. Each of these is formed of numerous pieces, adjusted with the nicest precision, and adapted to perform a particular part necessary to the completion and working of the instrument. The material of which each separate piece is formed is special to that piece, yet has been derived from one common source, the blood, in which it did not exist. The organization or structure and the form are totally different in each, even at the point where they are in direct conjunction, and by no other structure or form could the especial organ or instrument be constructed. Complex results like these are not compatible with mere nutrition or growth.

The phenomena unquestionably the most characteristic of organic nature, are, the perpetual production of special organic matters, and repetitions, in successive generations, of the same typical forms, infinite in number and variety, expressed in the organization of living beings. Organic forms have continued through all time unchanged,

invariable under the same circumstances, the offspring being the representatives of the parents.

These forms, evolved from a formless organic matter, were the first manifestations of the Divine Thought in the creation of the organic world. They emanated from the creative power of the Supreme Intelligence, moulding in material forms the ideal of the Eternal Mind."

ART. VIII.—*Hints to the People upon the Profession of Medicine.* By WILLIAM MAXWELL WOOD, M. D., Surgeon U. S. Navy: author of "Sketches of South America," "Polynesia," etc. Buffalo: Geo. H. Derby & Co. 1852.

This neat little volume is a reprint from the Buffalo Medical Journal, and does its author a great deal of credit. There is a vast amount of useful information for the people, contained in this monograph, and students of medicine may glean from its pages, many valuable lessons, which, if properly used, may throw light in advance of their footsteps. Coleridge says that "the experience of most men is like the stem lights of a ship, which only lights the track already passed over," but if Dr. Wood's light are discreetly used, they may throw light ahead.

We cordially thank Dr. Wood for this well conceived, and well executed brochure. It is an honor to him, and if read by the proper parties, will do much good to the people, and to medical men. We understand that the worthy publishers are selling the pamphlet in quantities at a small price, in order to secure an extensive dissemination of its valuable truths. If it were a political pamphlet, as well calculated to advance the interests of a party, as this is to improve the position of the medical profession, orders would flow in upon the publishers. Shall medical men do less for their nobie profession, than political partisans do for the evanescent glories of their creeds?

B.

SELECTIONS

FROM

FOREIGN AND HOME MEDICAL JOURNALS.

From Dr. Walshe's admirable work on *Diseases of the Lungs and Heart*, we copy the following:

Hæmoptysis may occur, *mechanically*, from diminished pressure of the atmosphere, as in the ascent of lofty mountains, and from injuries of various kinds to the chest; and it may take place *vicariously*, as a periodical discharge in females, instead of the catamenia; unless, under these circumstances, it is a sign of *disease of the lungs, heart, or great vessels.* The diseases which act as more or less frequent causes of hæmoptysis, are tubercle, cancer, aneurism, cardiac diseases, and certain affections of the larynx, trachea, and bronchial tubes. In actual clinical practice, hæmoptysis is so frequently connected with tuberculous disease, that it comes to be one of its most significant symptoms. The laws of tuberculous hæmoptysis will hereafter be considered. In the present place, I shall simply place before the reader an analysis of the clinical evidence I have been able to collect on the question of the connexion of hæmoptysis with tubercle *in adults.*

The *quantity* of blood voided, is the first point of consideration. It is commonly said that the expectoration of streaked or tinged sputa is utterly insignificant, because such are seen in *bronchitis*, &c., &c.; but no attempt has ever been made to decide numerically to what extent this

is true. I find that in twenty-five cases (observed at Brompton, and at University College Hospital) of chronic bronchitis with or without marked emphysema, (*but always without serious disease of the heart,*) the absence of such expectoration was noted in nineteen cases, its presence in six. Now in *all* these six cases of streaked expectoration, there was more or less ground for suspicion that tubercles were to a slight amount present,—in two of them this was proved to be the fact by *post-mortem* examination. While, then, as I have found, bloody expectoration occurs in 71.79 per cent. of tuberculized persons in the first stage, it occurred in 24 per cent. of bronchitic people (free from serious cardiac disease;) but in all of the latter there was either suspicion or certainty of the existence of tubercle to a *slight* amount.* The mean duration of the disease in the phthisical cases 26.55 months, in the bronchitic, 49.50,—hence the significance (*quoad* tubercle) of hæmoptysis is greater even than the relative per-centages above given would signify. Streaked or tinged sputa are rarely or never the 'first symptom' of phthisis; should they appear in this guise, then, they would probably be dependent on some other cause. The question of hæmoptysis in plastic bronchitis has already been referred to.

Primary cancer of the lung and medianastina, as I have elsewhere shown, from the analysis of a small number of recorded cases, is very frequently attended with sanguineous expectoration of pure hæmoptysis. In regard of this symptom, the two diseases may be thus compared: the per-centage of hæmoptysis *of all amounts* in cases of cancer is 72, in phthisis 80 92; while hæmoptysis *above one ounce* occurs in cancer and phthisis in the ratio of about 70 to 40. Hence 100 cases of cancer of the lung will be attended nearly as often with hæmoptysis of all amounts, and greatly more often with hæmoptysis above an ounce in amount at a time, than 100 cases of phthisis. But, on the other hand, tuberculous is so vastly more frequent than cancerous disease of the lung, that the share of the

* "Pathologically, these people were *latently* tuberculous persons, with superadded bronchitis; but practically, they could only be regarded as bronchitic."

population suffering at any time from cancerous hæmoptysis will form but an insignificant fraction of that suffering from hæmoptysis of tuberculous origin.

It is not sufficiently insisted upon by writers, that *empyema* does not give rise to hæmoptysis. In sixteen well marked cases which I have had under my care within the last two years, for periods of three months and upwards, no single example of hæmoptysis occurred.—But more than this, empyema, established in a phthisical person, seems to be *a preventive of hæmoptysis.* In seven cases of combined tuberculous excavation and empyema, carefully watched, and proved as to the diagnosis, either by dissection or by indubitable signs, no spitting of blood had ever occurred. All these seven persons were males. The pressure exercised on the lung by the contents of the pleura might appear to explain the fact plausibly enough, especially as the excavations were on the same side as the the empyema in six of the seven cases; and I have recently seen a curious exemplification of the apparent influence of excessively acute pleuritic effusion in arresting obstinate hæmoptysis. But, on the other hand, in one case, excavations existed in both lungs.

Simple chronic consolidation of the lung has not, in my experience, been attended with hæmoptysis to any amount.

Acute pneumonia, accompanied with a discharge of pure blood, is almost positively connected with tuberculous disease.

Gangrene of the lung is rarely attended with hæmoptysis in the adult; in infancy (when tuberculous hæmoptysis is very rare) it is rather common.

I have never known *ulceration of the larynx* productive of discharge of blood to any extent; streaks are not uncommon. But ulceration of the larynx (proceeding from within outwards) seems not to occur as a primary affection; at least I have never seen it except in phthisis (which may be completely latent in regard of the lung,) cancer, and syphilis.

Hæmoptysis arising from *disease of the heart* can with difficulty be confounded, even in itself, with the severer forms of phthisical hemorrhage; while physical signs of the cardiac disease will point to its true source in such cases of the slighter form. I have never once seen cardiac disease, of such kind as to cause hæmoptysis, co-ex-

istent with *phthisis*, using the term in its practical sense; but in a fair number of instances I have seen advanced cardiac disease in persons whose lungs contained *crude tubercles and gray granulations.* It may be, therefore, that the conditions of the system existing in heart-disease are unfavorable to the development of tubercle; but the infrequency with which the two kinds of disease are found together doubtless depends, in the main, on the difference in the periods of life at which each is especially prone to occur.

Aortic aneurism, opening into the trachea, may (without proving immediately fatal) give rise to hemorrhage, indistinguishable by its own characters from profuse pulmonary hemorrhage. The history of the case, the physical signs, the age of the individual, &c., commonly establish the diagnosis; but when the aneurism is small, and so placed as to elude percussion, and pressure-signs, both concentric and eccentric, are absent, the difficulty of *proving* the existence of aneurism may be insurmountable; the existence of the disease may be divined, but not demonstrated. It is to be remembered that the absence of notable signs of tuberculization does not justify the inference that the hæmoptysis is not phthisical, seeing that a tremendous pulmonary hemorrhage may occur when slight consolidation exists at one apex only, and that such consolidation might be supposed to depend on the pressure of an aneurism.

It is matter of common belief that in women who menstruate imperfectly and irregularly, the expectoration of a small quantity of blood is insignificant. I think this *perhaps* true where streaks only are concerned; but in every instance I have observed (*except one*,) where such succedaneous hæmoptysis reached an ounce or upwards, there has been either evidence, or ground for suspicion, of tuberculization. Similarly I have seen two cases of individuals presumedly in a state of perfect health, who in a violent fit of passion brought up a certain quantity of blood from the lungs: *both had latent tubercles.*

The tendency of my experience, then, is clearly to show the vast frequency with which hæmoptysis is in some manner or other an attendant on tuberculous disease.—The fact, that individuals are occasionally met with who, after having had more or less profuse hæmoptysis, live

on to a good age without exhibiting phthisical symptoms, does not invalidate this result; it simply shows that tuberculization tending to hæmoptysis may, as well as that not so tending, undergo spontaneous suspension.

The *diagnosis* of hæmoptysis in general may be considered in the present place; while we reserve for future consideration any special points connected with its distinction, in particular diseases of the lungs and heart.

Hemorrhage from the mouth and fauces can be distinguished by careful inspection of these parts from hæmoptysis. Epistaxis, under ordinary circumstances, cannot be confounded with hæmoptysis; but sometimes blood, instead of coming forwards from the nares, trickles backwards, and may be from time to time coughed up. But here, again, close examination of the nares anteriorly, and of the pharynx, will disclose the source of the hemorrhage.

Hæmoptysis is distinguished from hæmatemesis by the following characters. Hæmoptysis is preceded by slight dyspnœa, anomalous sensations about the chest, tightness, weight behind the sternum, or at some other spot, to which the patient will sometimes confidently point as the seat of mischief; hæmatemesis by weight and uneasiness as the epigastrium, sometimes by nausea. When the lung supplies the blood, the pulse is oftener excited, full, bounding, sometimes *bis feriens*, than when the stomach is its source. A salt taste in the mouth, with tickling and gurgling sensations in the throat, often precedes actual hæmoptysis; whereas I certainly have never known this complained of in hæmatemesis. Blood is ejected in severe hæmoptysis with efforts indistinguishable by patients from those of true vomiting; but previously to such "vomiting of blood," mouthfuls have generally been coughed up. Hæmatemesis is attended and followed by tenderness at the epigastrium; hæmoptysis by none of this. No matter what quantity of blood be brought up from the lungs at once, small quantities continue to be expectorated for a time; when the stomach is at fault, on the contrary, full discharge occurs suddenly, and there is, generally speaking, an end of the matter,—certainly no bloody or stained sputa follow. In hæmoptysis the blood is florid and frothy; in hæmatemesis dark and non-aera-

ted: at least this is the common case. But when large masses of blood are discharged from the lungs, they may be toally frothless; and where hemorrhage occurs rapidly from an artery in the stomach, the blood is vomited at once, and of perfectly arterial hue: no time is allowed for discoloration by the gastric fluids. Discharge of blood by stool is the rule in hæmatemesis; the exception in hæmoptysis: in the latter case, it comes of blood accidentally swallowed, and is never, so far as I have known, abundant. In hæmoptysis liquid rhonchus may almost invariably be found in some part of one or both lungs; nothing of the sort exists in hæmatemesis; in the former, the pulse is proportionably less quickened than the respiration; still this perversion may occur in hæmatemesis also. Lastly, the diagnosis should never be fixed on without inquiring into the history of the patient, and making a cautious examination of the chest. Should the evidence of chronic changes at the apices exist, a doubtful opinion in favor of pulmonary origin would at once be strengthened; but the absence of such changes would not exclnde the possibility of hæmoptysis; for, as will hereafter fully appear, such discharge of blood may occur before any notable physical changes have occurred in the lungs. The state of the chylopoietic viscera should be examined physically in aid of the diagnosis of hæmatemesis.

Diagnosis of Phthisis.—I propose, instead of systematically considering the *diagnosis* of chronic phthisis, to embody in a series of propositions, some of the most interesting facts, of which I have actually seen illustrations.

A young adult, who has had an obstinate cough, which commenced without coryza and without any very obvious cause, a cough at first dry and subsequently attended for a time with watery or mucilaginous-looking expectoration, and who has wandering pains about the chest, and loses flesh even slightly, is in all probability phthisical. If there be hæmoptysis to the amount of a drachm even, the diagnosis becomes, if the patient be a male and positively free from aneurism and mitral disease, almost positive. If, in addttion, there be slight dulness under percussion at one apex, with jerking or divided and harsh respiration, while the resonance at the sternal notch is natural, the diagnosis of the first stage of phthisis becomes

next to absolutely certain. But not absolutely certain: for I have known every one of the conditions in *a*, *b*, and *c* exist (except hæmoptysis, the deficiency of which was purely accidental,) when one apex was infiltrated with encephaloid cancer, and no cancer had been discovered elsewhere to suggest to the physician its presence in the lung. If there be cough, such as described, and permanent weakness and hoarseness of the voice, the chances are very strong (provided he be non-syphilitic) that the patient is phthisical. If decidedly harsh respiration exist at the left apex or at the right apex behind, if the rhythm of the act be such as I have called *cogged-wheel*, and there be dulness, so slight even as to require the dynamic test for its discovery, there can be little doubt of the existence of phthisis. If with the same combination of circumstances deep inspiration evokes a few clicks of dry crackling rhonchus, the diagnosis of phthisis, so far as I have observed, is absolutely certain. If these clicks on subsequent examination grow more liquid, the transition from the first to the second stage may be positively announced. If there be slight flattening under one clavicle, with deficiency of expansion-movement, harsh respiration and slight dulness under percussion, without the local or general symptoms of phthisis, the first stage of tuberculization cannot be diagnosticated with any surety, unless there be incipient signs at the other apex also: the conditions in question limited to one side might depend on chronic pneumonia or on thick induration-matter in the pleura.—The existence of limited, though marked, dulness under one clavicle, with bronchial respiration and pectoriloquy, so powerful as to be painful to the ear, the other apex giving natural results, will not justify the diagnosis of phthisis. I have known this combination when the apex of the lung was of model health, and a fibrous mass, the size of a walnut, lay between the two laminæ of the pleura. I would even go further, and say that the combination in question is rather hostile than otherwise to the admission of phthisis; as, had tuberculous excavation formed at one side, the other lung would, in infinite probability, have been affected in an earlier stage. Pneumonia, limited to the supra- and infra-clavicular region on one side, and not extending backwards, is commonly, but not always, tuberculous. Subcrepitant rhonchus, limited

to one base posteriorly, is not, as has been said, peculiar to tubercle; it may exist in emphysema and in mitral disease. Chronic peritonitis, in a person aged more than fifteen years, provided cancer can be excluded, involves as a necessity the existence of tubercles in the lungs. To this law of Louis's, it is necessary to add the qualification, provided Bright's disease be also absent. Pleurisy with effusion, which runs a chronic course in spite of ordinary treatment, is, in the majority of cases, tuberculous or cancerous: the character of the symptoms, previously to the pleurisy, will generally decide between the two.—Double pleurisy, with effusion, is not, as has been said, significant of tubercle; for it may depend on Bright's disease. If the latter disease can be excluded, carcinoma and pyohæmia remain as other possible causes. If a young adult, free from dysentery, and who has not resided in tropical climates, suffers from obstinate diarrhea, which goes on month after month, with slight remissions or intermissions, even though there be no cough, he is in most strong probability phthisical. If physical signs, to the slightest amount, exist at either apex, he is, almost to absolute certainty, phthisical. If a young adult, free from secondary syphilis and spermatorrhœa, and not dissolute in his habits, steadily lose weight, without clear cause, he is in all probability phthisical, even though no subjective chest-symptoms exist. But he is not by any means certainly so; for he may have latent cancer in some unimportant organ, or he may have chronic pneumonia.—Nay, more, he may steadily lose weight, have dry cough, occasional diarrhea, and night-sweats, and present dulness under percussion, and bronchial respiration under both clavicles, and yet be non-phthisical. I have known all this occur in cases, both when the lungs were infiltrated superiorly with primary encephaloid cancer, and when they contained secondary nodules of the same kind.—Failure of weight becomes less valuable as a sign of phthisis, the longer the thirtieth year has been passed. The discovery of cardiac disease with marked symptoms deposes against, but does not exclude, the existence of active tuberculization. The existence of cancer in any organ is unfavorable to the presence of tuberculous disease; but tubercle and cancer *may* co-exist, even in the same lung.

I would here add, for the sake of beginners, a few cau-

tions in the applications of physical diagnosis in phthisis. Never attempt to give a positive opinion as to the actual state of the lungs, where there has been recent hæmoptysis, or when pleuritic effusion, bronchitis, or pneumonia is present: I of course refer to cases where there may or may not be signs of the first stage; if excavation exist, its signs may be unravelled positively in spite of these complications. Trust very little, if at all, to the conditions of vocal resonance; accept with great caution the evidence of slight changes in respiration, unless they be corroborated by percussion-changes; place no confidence in jerking respiration (even though local) in a hysterical woman,—nor in harsh respiration limited to the right apex in any woman, nor in very slight dulness at the right front apex in man or woman. Lastly, never give a confident opinion, in a nicely-balanced case, from a single examination; and make examinations in various postures.

Lying-in Hospital at Vienna.—In the Lying-in Hospital, inviolable secresy is observed, if required. The female may enter masked, accomplish her delivery, and depart when able, without her name being known, or even her face seen. This is the case where the patient is illegitimately with child, or if married, is able to pay. If *married* and poor, she can only be admitted on certificate of her poverty, and then her expenses are assessed upon her relatives or parish.

As a necessary result from this premium on immorality, the proportion of illegitimate to legitimate births in the city of Vienna, has been found to be as one to two and a quarter; a proportion never equalled, except in the city of Munich, where, in the year 1838, the number of illegitimates *exceeded* the legitimate births by 270. Another result is a frightful mortality among the foundlings, amounting in 1784 to 54 per cent., and in 1812 to 69 per cent. of the number received.

In thus sanctioning such fearful social evils, the Austrian government have outraged all that we are accustomed to regard as most sacred in humanity; but the world has ceased to expect either liberality, or honesty, or philanthropy, or honor, from a government notorious for the opposite qualities.—*New York Medical Gazette.*

On the Premonitory Signs of Severe Cerebral Disease, and their Importance.—By Dr. Devay, M. D.

1. *Premonitory signs, furnished by the intellectual faculties.*—Almost all authors of repute have mentioned, without always attaching much importance to them, the disturbances of intellect which precede attacks of severe cerebral disease. Insanity has its period of incubation, its premonitory symptoms; and frequently it is found that the first act of insanity, which caused alarm, has been preceded by several symptoms which had escaped observation, and sometimes the first phenomenon of the disease has been taken for its cause. The insane often combat their false ideas, before the disorder of their reason, and the internal contest which precedes the explosion of their madness, are perceived. The most general precursor of every severe affection of the brain is a state of *cerebral lassitude*, presenting much analogy to that state of intellectual torpor which follows severe or pestilential fevers. There is observed in the habitual gesture of the patients, in their attitudes and movements, a total absence of what may be called the consciousness of action. The brain seems to have lost its *balancing* power over the *ensemble* of the functions of the life of relation. These patients are often in a constant state of slight habitual vertigo, which they call *weakness of the head*, and which is frequently accompanied by debility in the limbs.

The *memory* is frequently impaired in the precursory period of cerebral affections. Thus, patients have forgotten the names of their friends, or of the most common things. In conversation, they have difficulty in finding proper words to express their meaning, and are obliged to make use of circumlocutions. More rarely, the memory becomes more powerful; it seems to take a new flight, and reproduces, to the great astonishment of the patient and his attendants, events which had seemed to be entirely forgotten. The curious and inexplicable fact of *reminiscence* corresponds to the exaltation of the special sensibility of certain senses. It is sometimes observed after a slight attack of apoplexy.

Next to the impairment of the memory, and also of the attention, which is fixed with difficulty, or not at all, on objects presented to the notice of the individual, the most striking change is in *volition*, which is diminished.—

The man who has hitherto been most firm, who has shown most tenacity in his views, who has pursued the plan of his life with great determination, becomes, in a measure, like the toy of a child; those who are about him, even his inferiors, can command him. Human depravity has often taken advantage of this moral decadence for culpable ends; and the man who has hitherto most rigorously and carefully managed his affairs, is all at once spoiled of his goods, either by extorted donations, or by burdensome expenses. The public see in these cases *bizarreries* of character; the physiologist and physician see in them the first expression of a pathological condition. This weakening of the will, which, according to our observations, is chiefly connected with those cerebral lesions which lead to lunacy, or to paralysis of the insane, necessitates an alteration of the judgment. . . . . The will is the result of the other faculties; and it is not because it is wanting in the idiot, or lunatic, that they are irresponsible; but rather because they are ignorant of the rules which should direct it.

There is but a slight transition from this to *perversion of the moral faculties*—one of the most mysterious points in psychology.

The abrupt changes which may occur in a man's tastes, in his inclination, in his manner of living, in a word, in his social aspect, are worthy of attention. Modifications of this nature, when they do appear in a slow and progressive manner, do not arise from the action of moral influences, and can only arise from a change in the nervous system. Thus it has long been remarked, that unusual gaity in a habitually grave individual may denote the approach of an attack of apoplexy. It is the same with those who suddenly seek for noise and bustle, after having loved retirement and quietness for a great part of their life. We have known a man, aged 57, who, having up to that led a grave and even austere life, gave himself up to the pursuit of amusements unsuited to his age, and was, a few moments after, seized with sudden and complete apoplexy (*apoplexie foudroyante.*) A complete change in the turn of the ideas, when it is not the result of advanced age, when it manifests itself in a short period of time, and when it cannot be traced to the action of moral influences, is very suspicious. We have known a young physician

who exhibited this phenomenon in a very marked manner, and who, a short time after, was seized with paralysis of the insane. When we knew him three years before, he was very free in his assertions, and inclined to exaggerate; but he had become discreet, and wary in his speech. His former condition, and the medium in which he had lived, showed sufficiently that this change could not be the effect of *progressive amendment;* we considered that there was some disease, and our opinion was ultimately confirmed.

It is conceivable, that the same psychological perturbation which changes the moral sentiments may likewise impair the sentiment of self-preservation; and hence that *suicidal melancholy* may mark the commencement of a severe affection of the brain. The disease is, moreover, very often conjoined with a lesion of the intellectual and affective faculties.

2. *Premonitory Signs furnished by the Sensorial Functions.*—Most of these are furnished by the sense of *vision.* We will merely mention dimness, the appearance of objects as if colored red, photophobia, &c., which may indicate threatening meningitis as well as cerebral hyperæmia; these symptoms bear an especial relation to acute diseases of the encephalon. These signs may exist several years before the explosion of the disease. Before attacks of apoplexy, impairment of vision sometimes exist in a high degree without being known to the patients, especially when, as is most commonly the case, it is not sufficient to prevent them from seeing those who are about them. The mistake is the more easy, as this symptom may be limited to one eye; the other compensating for the weakness of its fellow. Amblyopia is a frequent symptom; sometimes there is a complete blindness, as in the case of the Baron Hornestein, cited by Wepfer *(Anatomia Apoplecticorum,)* who became blind three weeks before a fatal attack of apoplexy.

A valuable sign, belonging in some degree to what may be called the expression of the eyes, consists in a want of parallelism in these organs; it is not squinting, nor is it the look of hallucination. It seems pretty well defined by the following expression: *The eyes are not in the axis of the reason.* There may be certain defects in this relation pointed out between a material object and a moral

fact; but those persons who are accustomed to scrutinize the human look, and to see reflected in it the different passions will easily understand me.

The phenomena of exaltation of special sensibility, as a precursory sign of a severe encepalic lesion, is sometimes met with. It is in this case, as in other circumstances in which it is observed, one of the most mysterious problems for the physiologist. It is well known that hearing often becomes excessively acute before attacks of apoplexy. The patients, incommoded by the least noise, become irascible; they perceive distant sounds which are unheard by those who are with them. The fineness of hearing must be distinguished from the perception of strange and imaginary sounds, which is nothing but a sensorial hallucination.

The sense of *hearing* may present the same modifications as that of vision. Some persons are tormented with drumming in the ear, with continued or intermittent tinkling. Some believe that they hear the most strange noises. These hallucinations are by no means the constant precursors of an encephalic attack; they may be connected with simple perversions of the sensorial function.

Premonitory Signs furnished by the Organs of Motion and Sensation.—The alterations of the *muscular functions* present great variety, from the simple hesitation which we have already noticed, to paralysis which is complete, but which, on acconnt of its nature and its seat we shall denominate *irregular paralysis.* It is not uncommon to observe a state of general languor which makes the patients seek for rest—for the *far niente.* Van Swieten has remarked, in treating of apoplexy: *Primo oritur languor et amor quietis et otii.* At other times those who are about to be attacked with cerebral disease are much agitated, and expend a great amount of activity in their movements. Dr. Tessier has lately attended a lady, aged 60, who from the critical age, has been subject to attacks every month, at the period when she used to menstruate.—She loses consciousness; and after having recovered her senses, is paralysed on one side of the body, with great embarrassment of speech. These symptoms continue some days, and gradually leave her, to return at the fixed period. But some days before the new attack, this lady,

though usually quiet and peaceable, exhibits much agitation; she cannot remain in her place, and those who are about her always know what this sign means. In this case we recognize an example of *periodic nervous apoplexy.*

Impairment of muscular motion is exhibited in various degrees. It is especially remarked in the lower limbs, which seem to bend under the weight of the body, and render the gait rather unsteady. The debility is the more striking if the person be young, and has no apparent cause for it. Portal was able to prognosticate an attack of apoplexy in a gentleman apparently in perfect health, from observing a slight fixedness in the left eye, and a slight weakness in the leg of the same side. *The dignitus semi-mortuus*, noticed by Dr. Marshall Hall, is one of those instances of *irregular paralysis*, of which it is so important to determine the true signification. Some time ago, we saw the following case:—A man, aged 54, one day called on us. In conversation, he jokingly noticed a sort of deadness which he felt in the little finger of the left hand, while the rest of the hand was able to perform its ordinary functions. We advised him to put himself under treatment: he neglected this advice, and some days after was seized with cerebral congestion, which left his faculties remarkably weakened. The *dignitus semi-mortuus* has shortly since been noticed in a valuable communication from Dr. Gillet de Grandmont.

Irregular paralysis, which seems to arise from exhaustion of the sources of the sensitive and motive powers, may appear under circumstances in which they do not constitute a symptom of such great importance. Such are those which sometimes follow hysterical convulsions, lead-colic, venereal abuses, &c. Here, these phenomena are connected with *transient* modifications of innervation. The suddenness of the attacks, their frequent isolation from other symptoms, their seat in parts distant from each other, while those lying between preserve the integrity of their movements, constitute the exceptional characters of those palsies which are connected with a latent alteration in the nervous centres. We must not lose sight of the difficulty of deglutition which some patients experience some time before being attacked; as well as the semi-paralysis of the vocal cords and tongue, giving rise to stammering or aphonia. The paralysis of the

upper eyelids, which become œdematous, is also a sign of great value.

Great sensibility may be abolished, simply diminished or exaggerated. The first two forms almost always follow muscular paralysis; but they may exist alone. Sensibility may be exaggerated in two forms. The patients may present hyperæsthesia, or exquisite sensibility of the whole cutaneous surface; so that the least touch troubles them. This is an increased anormal sensibility—an exaggeration of the sense of touch, corresponding the exaltation of the sensorial faculties which we have already studied. Sensibility may also be exalted in the form of pain; and this merits our most careful attention. Violent pains, precursory of a severe cerebral lesion, have often been mistaken for neuralgia. The same is the case in treating cephalagia, supposed to be dependent on dyspepsia: and this error is more readily fallen into, as the stomach is often disordered. The diagnosis in these cases is sometimes difficult; but the duration and violence of the pain will lead to the suspicion, that there is something more than ordinary headache; and that, although the functions of the stomach are troubled at the same time, the headache is often too intense to be accounted for by the state of that organ. The patient cannot in general endure a warm room, nor the noise made by persons about him, nor even the fatigue of agreable conversation, without suffering an aggravation of his headache. The paroxysms are sometimes accompanied with vomiting, and sometimes with violent beating in the head. If with these symptoms we remark paleness of face, and weakness of pulse, and if active measures have been employed without benefit, we are led to suspect organic lesion.* Painful cramps are not unfrequent. Portal has seen patients who suffered severely from cramps in the legs before an attack of apoplexy.

Cutaneous sensibility presents other singular modes of perversion. A case is related of a man who, several months before being attacked with apoplexy, experienced from time to time an absolute loss of sensibility on five

*Abercrombie. Diseases of the Brain, p. 453.

or six isolated points of the skin of the thorax, each of about the size of a five-franc piece. Here the skin might be pinched without causing any pain; beyond, the sensibility was perfect. The partial abolitions of sensation were not constant. On some days there was not the least diminution of sensibility; then suddenly and simultaneously, it was annihilated in the isolated portions. Such unusual modifications of functions directly dependent on the brain, ought to furnish us with arguments in favor of the possibility of moral and instinctive perversions, and of their dependence, not on the corruption of the moral faculty itself, but on a latent pathological condition of the organ. Hence arises the doctrince of irresponsibility.

It is in the life of relation that indicatory signs are especially to be looked for. At the initial period of severe cerebral disease, organic life reveals few or no disturbances. The symptoms which may exist under this head only acquire value in connexion with those which are derived from the life of relation. The brain must be much affected to produce changes in the nutritive function.—Excepting sleep, which is one of the confines of animal and organic life, there is not in the latter any essential functional disturbance. In the initial period, most patients have lost the power of sleep; or, if this function be performed, it is rather a fatiguing drowsiness than refreshing sleep. The digestive functions present no other special disorder than obstinate constipation, which is often difficult to be overcome by drastics. The eyelids sometimes become œdematous; and, in some subjects, attacks are preceded by small effusions of blood, even in the tissue of the conjunctiva. The secretions are but little altered. The urine is sometimes highly albuminous; but this is a subject for further researches.—*Rankins' Abstract.*

Discovery of the Male Acarus Scabiei.—One of M. Cazenave's pupils, M. Lanquetin, has just found the male acarus scabiei upon the hand of a patient affected with the itch. It seems that this acarus had long been sought for in vain, and some works on skin diseases do not even mention its existence. As this parasite is very small, being less than half the size of the female, it had hitherto escaped detection.—*L'Union Médicale.*

On the Therapeutic Uses of Creasote.—By B. W. Richardson. He stated that during the last visitation of Asiatic cholera his attention had been called to a short notice, communicated to *The Lancet and Medical Gazette*, by Mr. Spinks, of Warrington, on the astringent value of creasote in that disease. Mr. Richardson had never used creasote in true Asiatic cholera, because the subject had not come before him until the epidemic was nearly over, but he had since fully tested its value as an astringent, and he must say, that in some cases of diarrhea, he had never before seen half so good a remedy. The cases in which it is most useful are of three kinds: 1st. Cases of diarrhea during ordinary epidemics where the disorder cannot be traced to the presence of foreign matter in the intestines. 2d. Cases where profuse diarrhea follows the employment of purgatives, given to remove foreign matters during intestinal disorders. 3d. Cases in which, after an acute diarrhea, the patient continues to be troubled with frequent and sudden liquid evacuations, not attended with pain or great constitutional disorder. Illustrative cases were supplied. The advantages of creasote are the following: It often succeeds when all other astringents fail; of this the author is thoroughly convinced from repeated experiments; it is speedy in its action; lastly, it does not leave the bowels constipated, unless carried too far in its administration. Occasionally during its use, it produces a dry, white, filmy state of the tongue, and other symptoms of feverishness. When this occurs the remedy must not be continued longer; indeed, it is rarely required after such symptoms, the purging being usually arrested before they appear. With children the dose given must be very small, or such good results will not follow; the one-eighth, one-sixth, and one-fourth part of a drop, is sufficient for babes from one to two years of age. With adults the dose, as an astringent, is from one and a half to two minims. A late writer in the *Medical Gazette* (Mr. Kesteven) had also alluded to the value of creasote as an astringent, and had opined that this value depended on the power which creasote was known to have of coagulating albuminous fluids. To this it may be objected that the quantities of the creasote employed medicinally are not sufficient to produce such coagulation in the intestines. Mr. Richardson also alluded to the other effects of crea-

sote. He denied that, in ordinary doses, it possessed some of the properties described as belonging to it in elementary treatises on therapeutics, such as narcotic, sedative, and diuretic properties. At the same time he assigned to it powerful diaphoretic and anti-spasmodic qualities, and said, that on the vascular system it rather acted as a stimulant than as a sedative. Its power in stopping vomiting depended upon the dose, which should be small.—Given in its full dose, as an astringent, it sometimes *excites* vomiting, in which case hydrocyanic acid is usefully combined with it. To lessen its nauseous qualities, it is best to unite it with syrup of tolu and tincture of cardamoms, and camphor julep or water. It may also be prescribed advantageously with the preparations of ether when they are indicated.—*London Lancet.*

Disease in the Urinary Organs; Stone in the Kidney.—Mr. Coulson exhibited a specimen taken from a man, fifty-three years of age, who had suffered upwards of twenty years from stricture of the urethera, occasional abscess in the perinæum and retention of urine. On the 19th of September, he was admitted into St. Mary's Hospital; the urine passed, in drops, both through an aperture in the perinæum, and the urethra; it was alkaline, and contained a good deal of mucus and albumen; no instrument could be passed through the stricture, which was seated at the bulbous portion of the urethra. As the pain and difficulty of passing the urine were very great, it was thought that a free exit for the discharge of the water might lessen the patient's sufferings. On the 8th of October, Mr. Coulson divided the stricture through the perinæum, and easily introduced a catheter, which was retained in the bladder forty-eight hours. The first effect was relief to the pain, but on the next day it returned, and increased in severity until the 14th, when he died.

Post-Mortem Examination.—There was a wound an inch in length in the median line of the perinæum, dividing the bulbous portion of the urethra, which was considerably thickened. In the membranous part there were two openings, one leading to the abscess in the perinæum, and the other going towards the pelvis. The bladder was

very much thickened, and its mucous membrane in several parts destroyed. On the posterior surface of the prostate there was an abscess about the size of a hen's egg, not communicating, however, either with the bladder or the rectum. The left kidney was enlarged and distended with pus, the whole of its proper structure being absorbed; in its lower part there was a large calculus, which occupied nearly the whole of the lower half of the kidney, projecting into the infundibulum and pelvis. The ureter was very much enlarged and thickened, the mucous membrane being rough and of a dark color about the centre; there was a contraction of the canal and hardness of its coats. The right kidney and other organs were healthy, with the exception of the liver, in which there was incipient fatty degeneration.—*Ibid.*

Cases of Acute Rheumatism cured by Lemon-Juice.—Under the care of Dr. Babington. In 1850, we directed the attention of our readers to a new and successful method of treating acute rheumatism, introduced by Dr. Owen Rees. The favorable results had been obtained by the administration of lemon-juice, and we then stated, "it appears that Dr. Rees' colleagues, Drs. Addison and Babington, who coincide with him in his views as to the efficacy of the remedy, have put the lemon-juice to the test, and found it extremely useful." Further trials have had the effect of establishing more and more the great value of lemon-juice as a therapeutical agent in acute rheumatism; and so convinced has Dr. Babington become of the value of this simple medicine, that we find him state, in the introductory lecture for this session, that Dr. Rees's new method of treating acute rheumatism held a prominent rank among the strides which have been made in the various departments of medical knowledge since his (Dr. Babington's) pupilage.

It is certainly with good reason that Dr. Babington passed this encomium, for he has prescribed the lemon-juice in numerous cases, and has found it answering the most sanguine expectations. Of a few of these cases we shall subjoin abstracts, in order to put our readers in possession of the facts upon which rests the reputation of the

new remedy. We would, however, first mention some remarks of great importance which were made by Dr. Babington.

The lemon-juice which was employed was procured from a wholesale confectioner, the price being no more than sixpence per pint, when retailed in small quantity, and considerably less when furnished by the gallon.—When Dr. Babington commenced making trials of the lemon-juice, he prescribed it, according to the recommendation of Dr. Owen Rees, in doses of from one to two ounces, three times a day, for an adult. More recently, however, he had ordered not less than three ounces, and much more—usually six ounces—taken at a draught, and without any admixture, three times a day. It might be supposed that the patient would find some difficulty in drinking so large a quantity of such a sour liquid, but this is rarely the case; nor does it in general produce tormina, nor otherwise disagree with the alimentary canal.—Instead of relaxing the bowels, as might have been expected, it renders them somewhat costive, so that it not unfrequently becomes necessary to exhibit an aparient.—The juice produces no very decided effect upon the kidneys, merely tending by its quantity to promote their secretion. It increases cutaneous action, but to what extent it is difficult to determine, because in rheumatism, a disease in which this remedy is chiefly useful, the complaint itself is marked by the occurrence of profuse perspiration. The only unequivocal effect which uniformly takes place is a diminution in the number and power of the pulse, and of the heart's action. Whether it alters the character of the blood, or whether it affects the heart by diminishing nervous influence, Dr. Babington has not had an opportunity of determining.

We shall now shortly allude to four cases, which were treated with lemon-juice by Dr. Babington.

Case 1.—James D——, a tall and athletic young man, a dock laborer, twenty-two years of age, was admitted into Naaman's ward, August 20, 1851, with acute rheumatism. He has a white and coated tongue, profuse perspiration, thirst, a hard, full pulse at 92, and costive bowels. There are swellings in the knees and wrists, which are red and tender to the touch, and his debility is so great that he is scarcely able to walk to his bed.

The patient stated, on admission, that he had been ill three weeks, and that he had suffered from a similar attack eight years before, which lasted for one month.—There was no irregular sounds about the heart.

Treatment.—To take six ounces of lemon-juice three times a day; a drachm of compound rhubarb powder to be given on the morning following admission.

First day.—Bowels relieved, pulse 76, softer; patient has less pain in the joints; to continue the remedy.

Third day.—Pulse 70, soft; no pain or swelling of the joints. Patient is up and dressed; he declares himself quite well, and requests to be discharged. He is asked to remain a day or two longer to improve his general strength; but he declines, as he states that he is well able to work.

Case 2.—Samuel H——, aged nineteen, of slight form, a warehouseman, much exposed in his work to currents of air; never before had any similar attack. For four or five days he has had slight swelling and tenderness in the knees and ankles.

On admission into Naaman's ward, on September 10, 1851, there were great swelling, redness, and intense pain of the right elbow-joint, extending both upwards for several inches and downwards into the wrist. The tumefaction was so severe, that it was a question whether the inflammation was not rather phlegmonous than rheumatic, but the pain and swelling in the other joints settled this point. Tongue moist but white; pulse 116, full; bowels regular; skin perspirable. To take six ounces of lemon-juice three times a day; low diet.

First day.—Pulse 100, softer; bowels regular; arm and elbow-joint much the same as yesterday. To go on with the remedy.

Fifth day.—Pulse 88, soft; the pain and swelling of the elbow have decreased rapidly since the last visit, and are now very slight; bowels still regular.

Eighth day.—No pain anywhere, but still some stiffness of the right elbow-joint, which prevents the complete extension of the arm. Bowels regular.

Twelfth day.—Dismissed, free from all complaint, and having the full use of his right arm, the elbow-joint of which has returned to its natural size. The patient required one dose of the compound rhubarb powder during the treatment.

Case 3.—James S——, aged twenty, a baker, much exposed to heat and cold in working at night; never before had a similar attack; has suffered for ten days pain and swelling of both shoulder-joints. Admitted into Naaman's ward on September 10, 1851, having great pain and swelling of both shoulders, but especially the left, so that he is very reluctant to attempt to raise the left arm. Pulse 108, hard; skin hot; tongue white and dry, much febrile excitement; bowels confined. Ordered six ounces of lemon-juice three times a day; fifteen grains of compound extract of colocynth to be taken at night.

First day after admission.—Bowels well relieved; pulse 82; less pain; to continue the lemon-juice.

Fifth day.—Pulse 80; pain and swelling much abated; to go on.

Eighth day.—No pain or swelling; is able to raise both hands above his head, and so far as regards the rheumatism is well. Patient continues in the hospital in consequence of a swelling in the groin, which was opened two days after his admission, and is going on favorably. He required purgative medicine every alternate day whilst taking the lemon-juice.

Case 4.—John H——, aged twenty-two, single, a policeman, formerly a farm-laborer, with florid complexion, light hair, and strumous appearance; habits temperate.—The patient was attacked with acute rheumatism three years ago, but has since had good health, until within the last fortnight, when he began to suffer from his present illness. The inner sides of each foot and ankle were first affected, and then the elbows and hands became swollen, red, and painful, in which state he was admitted into Naaman's ward, No. 8, on July 9, 1851.

There was then a murmur heard on the heart's systole; pulse 104, hard, strong and incompressible; tongue coated and white; countenance congested; appetite gone; bowels costive; urine acid, specific gravity 1010, about one quart passed daily; perspiration profuse; pulse 92 Ordered six ounces of lemon juice, three times a day.

First day after admission.—The pain and swelling of the elbows and hands decreasing; ordered to continue the remedy.

Fifth day.—The lemon-juice seemed to cause a little griping pain in the bowels, which were moved twice a day whilst its use was continued. The pulse 80; small, weak,

and compressible. There remained not a vestige of pain nor swelling anywhere.

Tenth day.—Pulse still 80; no *bruit* heard now with the systole of the heart. The patient has been quite free from all complaint for several days. The pulse retains the same character as on the fifth day. Discharged cured. —*Ibid.*

Vicarious Menstruation of a Novel Kind.—Dr. Lecointe, of Eu, in France, has published, in *L'Uuion Médicale*, a case of an extraordinary description, of of which we shall offer a brief outline. The subject is a servant girl, twenty-nine years of age, of apparently good health; she had never menstruated, and for the last seven years had experienced flushings and heat in the face, these symptoms recurring every four or five weeks. At these periods she likewise complained of severe lancinating pain in the right thigh, and sometimes leg and foot, the whole limb then becoming extremely tender to the touch.

Towards June, 1842, these phenomena increased in intensity, the patient became very weak, the abdomen felt tense, tympanitic, and tender, and she could no longer pass urine. Dr. Lecointe prescribed leeches to the hypogastrium, and prolonged hip-baths. The urine flowed a little; but at last the girl was persuaded to submit to the catheter, and a large quantity of dull and fetid urine was drawn off.

Now began a series of strange phenomena; the bladder, uterus, stomach, and rectum began to throw off what the patient called *balls;* these were pieces of membrane, or rather membranous casts, white, dense, and covered on one side with gelatinous matter. The vesical casts were somewhat large, as she was obliged to extract them with her fingers. On a former examination, the internal organs of generation could hardly be properly explored, as the hymen was unbroken, and rather tense, but the casts now came per vaginam, and the patient being obliged to dilate the parts herself, in order to give passage to the membranous formations, it was found on examination that the os was pervious, and the cervix of the normal size, though tilted backwards. Here the casts assumed a tubular shape.

The stomach became now very irritable, and a great abundance of glairy matter, mixed with pseudo-membranes, was thrown up. The vomiting was now and then of a purely sanguineous character, and in the coagula ejected an ascaris lumbricoides was noticed. The patient stated that she had likewise seen such parasites in the matters which had been expelled from the vagina. Diarrhea supervened a little time afterwards, and in the dejections the same pseudo-membranous products were observed. After a few weeks' respite, the symptoms recurred with renewed intensity; all the above-named organs secreted the same membranous products, but the uterus was evidently the most active. In one day Dr. Lecointe extracted ten casts from the vagina; they were rolled up, and exhibited now for the first time a red color. One of these presented on one side an infundibular shape, which made the medical attendant suspect that the membrane must have been formed in close vicinity to the Fallopian tube.

The ejection of the casts was always accompanied by much pain, the latter being sometimes so intense as to cause the patient, who was far from being pusillanimous, to roll about in the bed with agony. The sanguineous flux was now suddenly transferred to the ears; these organs discharged each about a tumblerful of blood; vomiting of the same fluid came on a few days afterwards, and the casts were again ejected from the stomach, intestines, bladder, and uterus. When these symptoms had ceased, a great improvement was noticed; the patient gradually became stronger, and from 1842 to the present time, the girl has experienced no uneasiness but dysuria every two or three months, except in July, 1843, when the most complete relapse occurred. The author does not say whether any amount of regular menstruation has appeared since the casts are no longer secreted. This is a great omission. The pseudo-membranous products were examined by M. Mialhe, and were found to be composed principally of albumen.—*Ibid.*

A New Quackery.—In Naumberg a man named Mahner is preaching the necessity of a new regeneration, not in

the spiritual but physical sense. He warns a sickly race that it must return to the lost state of "primitive health," or *Ungesundheit*, as the means of more fully enjoying life and attaining a patriarchal old age. It is to be secured by a diet of bread and water, going barefoot, and letting the hair and beard grow; in short, making a nearer approach to man's original state in costume than the decencies or prejudices of modern society will altogether permit. On this topic he has been lecturing to a chosen few, but his doctrines do not seem to take, bread and water not being very tempting, even with four score years promised as the prize of self-denial. It is also said that the apostle does not fully act up to his own precepts, preferring a well-spread table and every variety of wine or beer to the pure element; but this may be a calumny of the hotel-keepers. The German journals are perpetually turning up some eccentricity of this sort; to repair or preserve health the oddest "cures" are resorted to. A section of the public seems determined to escape the hands of the faculty, and die by some irregular process, rather than with the aid of medicine. In a single advertising sheet could recently be counted up a water cure, a grape cure, a milk cure, and a hunger cure; to these must be added another just getting into vogue—some of the former having had their day—it is the cure by muscular exercise, by which cripples from rheumatism are put through a course of gymnastics, and dancing is prescribed for the gout. These, however, are all merely cures or remedies; the "primitive health" theory is founded on a system of living which would literally make "man's life as cheap as beasts'," without much prolonging it. As far as hair and beard go, many of the Berliners are meeting the Naumberg preacher more than half way.—*Ibid.*

Polar Cold. Probable Fate of Sir John Franklin. By Dr. Kane, Surgeon U. S. Navy.

Dr. Kane, Surgeon to the late American Arctic Expedition, has just concluded a course of three lectures before the *Smithsonian Institution*, at Washington, relative to the voyage and researches of the gallant party who braved

the perils of the Arctic regions in search of Sir John Franklin. We are sure we could not present to our readers anything more interesting than the following extracts from Dr. Kane's lectures:

We left New York, a united little body of thity-seven officers and men in the brigantines *Advance* and *Rescue*, on the 23d of May, 1850. Twenty-five days afterwards, we sighted the rugged mountains of Greenland, and by the 7th of July, found ourselves fast in the great ice-pack of Baffin's Bay.

The Bay of Baffin serves as the great thoroughfare of the Polar ice, on its passage to the South from the far Northern estauries which lead to the Arctic ocean. During the long winter the whole of this great Bay may be looked upon as one field of ice, which, whether moving or consolidated, is known technically as "the pack." This great body of ice does not end here. After throwing out innumerable processes into the *Fiords* of Greenland and America, it unites with a similar mass in Hudson's Bay, passes down the coast of Labrador, and even abuts against the Northern coasts of Newfoundland and the Straits of Belle Isle. This immense area—equal to the United States East of the Alleghanies—has annual variations in extent and condition. Influenced by winds and temperature, sometimes it is one enormous agglutination, sometimes a drifting chaos, composed of grinding fragments, varyidg in diameter from mere "skreed" i. e. rubbish, to "fields" many miles in diameter. Among these, with terrific crash and turmoil, the "ice mountains" pursue their resistless march.

The thermometer was here at the midsummer temperature of 2° above the freezing point; indeed *ice* formed freely during those hours of "low sun," known as night in that latitude. Yet the skies were warm and sunny, and the weather to our acclimated perceptions, worthier of the Bay of Naples than of Baffin. Here, too, the bergs were numerous, and the phenomena of reflection upon a scale of marvellous splendor.

Griffith's Island was the greatest westing, the greater barrier of ice beyond preventing further progress. The ice was gathering rapidly around them. The thermometer fell to but 3° above zero, and ice formed rapidly when-

ever the sea was at rest. By the morning of the 14th of September, the squadron was frozen up, fast in winter ice. The habitual rule of Arctic explorers is to seek a winter harbor; the present was the first recorded example of vessels caught in the open sea. Soon after the great sea of ice was in motion, northward, carrying, of course, its prisoners with it. Soon the commotion of the ice prevented fires. The thermometer fell to 11° below zero. Ice formed in the bedding, and soup froze upon the table. Every day new Coast passed before the eyes of the party, but around them the same interminable ice. By the 20th, they had reached the latitude of 75° 25′—a latitude never before attained in that meridian by keel of Christian ship.

We were borne along, said the lecturer, like specks upon a vast floating raft towards the unknown North! without possibility of escape or rescue, or even effort, and without the poor chance of leaving on the shore some hurried memorial to tell where we had gone. We spoke little of these things to each other; but the reflection could not be avoided. How likely it is that Sir John's vessels may have traveled as we are doing! How possible that our fates may be the same.

Dr. Kane thinks it probable that Franklin and his party were thus borne off to the North. He says:

It really seems as if the ice had suddenly opened to the North, and that Sir John, with his daring and energetic promptitude, had pushed into this new water, without delaying to give to the world behind him a notice of his course. Certain it is that the deserted encampment bears marks of hasty departure. If then, Franklin passed to the North, continued Dr. K., why has he not returned? The answer is conjecture. The treacherous leads may have closed upon him as they did upon us. He may have been borne as we were, imbedded in some vast ice-field. The same wind that forced the *Advance* and its surrounding ice-raft to the latitude of 75° 25′, may have blown upon him a few days longer than it did upon us. Or, more fortunately perhaps, at the outset, he may have found the water lead still open before him. In either case, a few weeks—it may be days—of progress, and he must have entered upon that dark and unknown water, which

tinged our last winter's horizon as we floated on his track.

It is now six years since he passed beyond the recorded frontier of our world. What has been his fate: or rather *can he have* survived? The consideration of this question was made exceedingly interesting by the lecturer. The casualties of Arctic navigation, though frequently disastrous, are not generally attended by the destruction of life. The ice-masses which crush by the lateral pressure of their incumbent weight, almost always give notice of their approach, and not unfrequently bridge the way for escape. Storms of wind are comparaiively rare; and even when they do occur, the ice which destroys the whale ship, is almost the certain refuge of her crew. In the memorable gale of 1832, of the 1,000 seamen whose vessels were totally demolished, but seven lost their lives. Besides, vessels sailing in company, avoid as far as possible such a proximity as would expose both to the same peril at the same moment. The simultaneous destruction of the *Erebus* and *Terror* therefore, the Doctor looks upon as *not at all possible.*

Nor is there much reason to apprehend that the missing party has perished from cold, or starvation, or disease.—The *Igloe,* or snow-house, of the Esquimaux is an excellent and wholesome shelter. The servants of the Hudson's Bay Company preferred it to the winter hut, and for clothing, the furs of the Polar regions are better than any of the products of Manchester. The resources which that region evidently possesses for the support of human life are certainly surprisingly greater than the public are generally aware. Narwhal, white whales and seal—the latter in extreme abundance—crowd the waters of Wellington channel; indeed, it was described as a region "*teeming with animal life.*" The migrations of the eider duck, the brant goose, and the auk—a bird about the size of our teal—were absolutely wonderful. The fatty envelope of these marine animals, known as *blubber,* supplies light and heat, their *furs,* warm and well-adapted clothing, their *flesh* wholesome and *anti-scorbutic* food.—The reindeer, the bear and the fox also abounded in great numbers, even in the highest latitude attained. In a word, Dr. K. announced that, after a careful comparison of all the natural resources of this region, he was convinced that food, fuel and clothing—the three great contribu-

tors to human existence—were here in superabundant plenty.

Dr. Kane does not suppose that the sea towards which his party was drifting, and from which, if they had reached it, no tidings of them would, in all probability, ever have returned, is literally an *open*, but comparatively an *iceless* sea. And he conjectures, that it is in this region, not far to the north and west of the point which the American Expedition reached, that Sir John Franklin and his companions are now probably immured; surrounded by seal, and the resources before described, but unable to leave their hunting ground and cross the "frigid Sahara," which intervenes between them and the world from which they were shut out.

In the following extract a thrilling and sublime incident is graphically described:

New Year's day, exactly one year ago, (continued Dr. K.) we found ourselves entering Baffin's Bay. Including our march up Wellington, we had drifted about four hundred miles. The premonitory cracks (fissures) had now opened into black rivers, traversing the ice for miles around like ramifying arteries. Everything pointed to our expected ice battle.

One of these great rivers, nearly as wide as the Schuylkill was astern of us, and over it a few nights' congelation had spread a film nearly a foot in thickness. That night I use the word artificially, for it was *all* night with us—of the 13th, after repeated "alarms," we were stretched out upon our buffalo robes with our knapsacks at hand, when the officer on deck called to us to hasten up. The thermometer was 40° below zero—70° below the freezing point; but the night, clear and starry, enabled us to penetrate the darkness to some distance astern. A white mass, seemingly in the air, was moving, with steady march, directly upon our brig. This we knew to be the crest of a gigantic *hummock*, its ridge of crumbling ice as white in the contrasting darkness, as the foam of rolling serf. Accompanying it was the solemn orchestra of ice voices, the booming diapason of the compressed floes. Presently

came the mysterious cessation of these noises. The clamor ceased. We heard each other speak. A moment after came the well-known renewal,—the puppies, the shrieks and the locomotives. On came the crest; and now tumbling from it, we could see the heavy blocks of ice and hear their hollow coughs upon the snow-padded floes. Nearer yet we could define its masonry, and feel the transmitted undulation of the six foot ice, which, powerful as it was, formed no barrier to its advance. Now, to our quivering ship, came a vibratory trembling that made our lips tingle, as in a cotton factory at home. The colossal mass bears down upon us—closer—six yards—three yards—six feet—it ceases: its pulse had beaten, and the mysterious interval [of silence and quiet] had arrived. All that night we waited for its renewal; but the renewal never came. Five months afterwards that great ridge of ice stood in the same position beside us, a monument of God's mercy and man's own helplessness.

Dr. Kane gave a vivid account of the most remarkable of the Arctic phenomena, from which we quote the following as possessing special interest for the physician:

The cold came upon the voyagers gradually, and by habit they were enabled to keep as warm as necessary, without fires, for weeks after the thermometer was several degrees below zero. In the second week of September, the water casks froze up, and it became necessary to quarry out the ice and melt it before it could be used. By-and-bye, the waters of the sea congealed around them, and they were glued up in fixed ice. Moisture began to be a rarity, everything being frozen perfectly dry. The opening of a door was followed by a gust of smoke-like vapor, and outside every smoke-pipe exhaled purple steam. All their eatables froze into a mass of laughable solidification. Sugar was soon cut with a saw, butter with a chisel, and beef with an axe and crowbar!

The "crawl," the chill, the sensation of "cold" which at home is a temporary change of state, was here unknown—cold, of a highly wrought intensity, the one unvarying condition! When the mercury froze, and the alcoholic thermometers fell below—50°, and 80 odd below the freezing point, regular inspections took place during

and after the walks of the men. A white spot on nose, lip or cheek, was the signal for a most uncharitable rubbing with snow; and many a time poor Jack, when pining for a warm stove, has been obliged to take, instead, a course of medical friction, with compulsory exercise. On one occasion a poor fellow, recovering from an attack of inflammation of the lungs, was asked by his doctor how a certain frost-bitten ear came on? "Why," said he, producing a carefully folded scrap of an old newspaper, "I did'nt want to trouble you, Doctor; it dropped off last week; here it is." But the most depressing feature of their Arctic winter was the darkness of its long night, when for eighty days the sun was not visible. During this season the Aurora Borealis was an almost nightly visiter. The Aurora of the far North, however, is not the splendid display, either of illumination or color, or movement, which we see in the more southern latitudes; it resembles a white moonlit cloud, impressed clearly against the pure blue of the sky. Many other interesting phenomena of the Arctic night were described by the lectu rer

At length the sun returned, gradually and slowly, until on the 10th of April, the night was over, and the long Arctic day had commenced. But the return of the sun brought no additional warmth. On the contrary, the augmented evaporation and dryness were accompanied by a greater intensity of cold.

During the months immediately following the return of the sun, the entire horizon seemed lifted up and indefinitely extended. You saw on every side an inclined plane —vast and interminable except by the aerial limits of distance. Another form more startling, because more circumscribed, was that of a great circus. You looked as from the apex of a hollow cone, up a great encircling talus, whose summit was crowned by a steep and well-built wall. This effect was strangely impressive. The beholder was in the midst of a vast, apparently artificial, arena, whose centre, walk where you would, was still yourself; and whose walls, always there, conveyed the idea of a movable prison.

Among several instances of refraction related, was the spectral land off Cape Adair. On the evening of the 10th of February, while looking over the waste of snow, a

flame-like streak, some 18° in length, was seen playing a short distance above the South-eastern horizon. Soon after, from its lower edge, depended a range of rude black knobs, which quickly assumed the shape and appearance of a range of hills, hanging inverted in the air; while, at the same time, a corresponding set, not inverted, rose to meet them from below—their bases remaining beneath the horizon. The appearance of these mountains meeting at their tops was such as to make the valleys between them assume the aspect of great tunnels. The land thus resurrected was more than 90 miles distant.

On the 5th of June, as if by some miraculous agency, the ice suddenly broke up, and in twenty minutes from the first alarm, the vessels were in a sea of tumultuous ice.—Five days afterwards they shook the free waters from their bows, and plunged along in a heavy sea-way, after an imprisonment of two hundred and sixty-seven days, and a drift of 1060 miles.

Ravages of Scurvy in Russia.—In the new Russian provinces of Bessarabia, &c., an epidemic of scorbutus broke out in December, 1848, continued to spread and become more serious till May, 1849, and in June began to subside gradually. The cause was by universal consent referred to the scarcity of means of subsistence, consequent upon a short grain crop, a failure among the garden vegetables, a severe winter, and deficient supply of fuel. The German colonists, whose circumstances were more comfortable than those of the rest of the population, escaped.—Districts in which horse-flesh or fish were used as food, suffered comparatively little, yet the epidemic seemed to be guided in its spread to certain localities, where famine was not felt, by miasmatic influence. The symptoms were those usually described: In the severer cases, general weakness, indurations of the muscles, especially those of the inferior extremities, hemorrhages, &c.; as sequelæ, dropsies, dysentery, passive inflammations of internal organs, gangrene, and typhus of a putrid type were observed. The means of cure found most efficacious were, acetate of iron, with bitters and aromatics, milk diet, yeast, turpentine, both internally and externally, tar-water,

and creasote. The total number of scorbutic cases amounted to 260,444, of which 67,958, or more than a fourth part, proved fatal.—*Monthly Jour. Med. Scien.*, Nov. 1851, from *Schmidt's Jabrbücher.*

On the Use of Opium in certain forms of Nervous Irritability and Coma, which frequently attend Typhus Fevers.—By Jared Kirtland, M. D. The beneficial effects of opium and its various combinations, in allaying irritation in our common forms of fevers, are well understood; but their peculiar adaptation to supporting the system and controlling the action of the nervous centres in the severe forms of Typhus Mitior of Cullen, have not, in all instances, been duly appreciated.

Under the present epidemic constitution, the typhoid quality of diseased action is comparatively rare, yet within the last half century it has prevailed extensively; and, at certain periods, in certain localities, has either constituted the great amount of disease, or imparted its peculiar characters to other species of diseased action.

From the year 1805 to 1830, all the diseases of the New England States were essentially typhoid in their quality; and from 1824 to 1831 such was the quality of disease in the north-eastern part of Ohio. Since then, with a few exceptions, our epidemic constitution has developed higher grades and qualities of disease; yet, we have no assurance that other changes may not again bring physicians in contact with disorders of a typhoid quality.

Diseased action has been governed in its changes at different periods by more uniform and definitive laws, than is usually supposed.

By *Typhoid*, I mean an asthenic form of fever, in which a deficiency of vitality in the system renders it incapable of acting with its natural and full force. I have no reference to the views of the modern French school. There is but one species of Asthenic continued Fever. TYPHUS, which, when it locates on the nervous centres, constitutes TYPHUS GRAVIOR, of Cullen, or the PUTRID FEVER, of Huxham.

And when it locates upon the *mucous tissues* of the alimentary canal, as it has been very wont to do, since the

cholera first began to extend over Europe and this country, it gives rise to the pathological condition, known in some modern works as TYPHOID Fever, *dothinenteritis.*

This is not, however, a distinct species but a mere variety, arising from the nature and character of the part on which it locates.

When the nervous centres become the primary point of attack, irritated action ensues, giving origin to peculiar symptoms which cnaracterize Nervous Fever, of common language.

This irritated action is a very different morbid condition from inflammation, and though it is attended by an action of the brain, it is intimately connected with, and dependent on a reduced amount of the principle of life—vitality.

If left to take its own way in low forms of Nervous Fever, it is liable to result in a great diminution of thepowers of the brain, and as a consequence, a state of torpor will ensue, manifested by Coma.

In the nervous type of Typhus Fever we therefore expect to find either nervous irritability or Coma—conditions very nearly allied in their pathology, one producing the other.

Opium, or its combinations may be successfully used as a remedy in both.

In the former it should be employed in uniform doses, sufficiently heavy to control the morbid action, and repeated so frequently as to support the system. Other means may also be required to aid in accomplishing the purpose.

In Typhoid Coma, the life of the patient must be, in a great measure, staked upon opium.

To proceed prudently we must make out clearly a correct diagnosis; we must satisfy ourselves that the deep sleep, stertorous breathing, and loss of consciousness, proceed from exhaustion of the energy of the nervous centres, and not from sympathy with a loaded prima via, or fullness of the vessels of the brain. The indication then becomes clear, that the small stock of vitality must be economized and the safest means pursued to reaccumulate it. For this purpose opium is the main agent.—As a general rule it must be used, for adults about one grain, or its equivalent of morphine, every two hours, in connection with suitable adjuvants.

The first effect will be to arouse the patient in a slight degree from his slumbers. If the dose be suitably repeated so as to keep up the stimulus, perfect wakefulness and consciousness will ultimately be established, and the condition will gradually improve from day to day. If, however, the physician or the attendants view the attempt to create a state of wakefulness from heavy coma, by this article, as an absurdity; the patient will probably be lost. At this juncture scepticism is fatal; and instability of purpose may defeat the best design.

I am aware, that I have advanced a doctrine novel to many, and perhaps wild, visionary and dangerous in the estimation of all.

In regard to its novelty, I will observe that it claims the merit of age. Cullen, in his Materia Medica, under the article OPIUM, gives us to understand that in one kind of Phrenitis, stimulants and narcotics are dangerous and injurious, but that there is *one kind of inflammation* of the brain in which opium is the main remedy.

The kind of inflammation to which he doubtless referred is this irritated and exhausted condition of the nervous centres.—*Minutes of the Ohio State Medical Society.*

Treatment of Hemorrhoids.—In the October number of the Stethoscope, Dr. Thweatt records the result of a trial made with nitric acid (officinal preparation) in this disease. The patient had been afflicted with bleeding piles during fifteen years, with a prolapsus recti on each attempt at stool. He had undergone every plan of treatment. Dr. Thweatt recommended cauterization with nitric acid, to which he assented. It was done by penciling the tumors until it produced a change of color. The operation produced very little pain, and the parts were dressed with lint and sweet oil. On the second day he was entirely free from pain; the piles were less congested and slightly diminished in size; the bright red color was changed to a dirty brown. He was made to strain at stool, which act brought into view tumors situated higher in the intestines. These were cauterized as the first, a straining, burning pain being excited. On the third day the piles were again touched. A short time after the last penciling he was well; no tumors, either internal or ex-

ternal, and there was no further prolapse of the gut.—*New York Medical Gazette.*

Death from Inhalation of Chloroform.—By Dr. Eissen.—A lady, thirty-six years of age, of a bilio-sanguineous temperament, who had three children, and whose health had always been satisfactory, was very much troubled with toothache. She had had four molar teeth extracted in the same sitting six or eight years previously; after which operation she had been seized with a convulsive fit. A little while ago the toothache became very distressing again, the patient had several nervous attacks, and was tormented with the idea that her dental pains exposed her to much danger.

She sought the advice of a practitioner, and consented to a new extraction, stipulating, however, that she should take chloroform. Her husband held her hand, whilst her head was leaning against her maid; but before she had inhaled any chloroform, she started up and attempted to run away, using very incoherent language. When a little calmer, she sat down again, and a cloth, upon which a little less than two drachms of chloroform had been poured, was placed before her mouth and nose. The patient soon pointed out, by a few words, that the chloroform was beginning to take effect, and then became insensible. The operator extracted three teeth with the greatest promptitude, and only stopped when the husband directed his attention to the patient, who seemed to have fallen into an extraordinary state. On close examination, she was discovered to be quite dead, and the best-directed efforts were fruitless in reviving her.—*Gaz. Med. de Strasbourg.*

Prophylaxis of Syphilis.—Dr. Langlebert announced to the Academy that he had discovered a substance capable of destroying the effects of the syphilitic virus. This preservative consists of a strong alcoholic solution of soap, having an excess of alkali. Dr. Langlebert had performed several experiments by inoculating with the poison of chancres, and then applying his antidote within about five minutes afterwards. The effects of the virus had in every case disappeared.—*Lon. Med. Gaz.*

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THE INTENSE COLD OF JANUARY.

The month just closed was one of the coldest ever experienced in Kentucky. In our next number, we shall be able to present to our readers a complete meteorological table of the month, prepared by Lawrence Young, Esq., of this neighborhood, to whom we were indebted for the table in our last number; and in the mean time we submit a few memoranda of the coldest days.

Monday, the 19th, the mercury, in our Fahrenheit thermometers, stood at 12° below zero, early in the morning, and only rose to within 1° of zero during the day—the mean temperature of the day having been 7° below zero. Tuesday morning, the 20th, we saw it at 13° below zero; but this was not the *minimum* temperature of the morning, for clouds had risen before we made our observation and affected the the termometer. At midnight Prof. Drake had seen it 15° below zero, and some thermometers in the neighborhood indicated a still lower degree. In the neighborhood of Frankfort it was reported to have fallen 20° below zero; and from the following extracts of letters from our correspondents it will be seen that in other parts of the State the cold was still more intense. From Maysville we have the following account:

"On Monday, the mercury stood, at 5 A. M., at 6° below zero, at sunrise at 8°, at 10 A. M. at 5°, at 2 P. M. at 2°, at 8 P. M. at 10°, and at 12 P. M., midnight, at 26° below zero. On Tuesday, at 6 A. M. at 20° below, and at daylight at 16° below zero. On Monday, the range was from 2° to 8° below all day, in *daylight.* The foregoing agrees substantially with several other accounts kept here."

Flemingsburg: "Mercury 22° below zero this morning at 6 o'clock, and at John Moore's, in the country, a mile from town, 30° below zero!"

Dr. Fritts, of Carlise writes as follows:

"The weather has been so cold here that I cannot refrain giving you the range of the thermometer for a day or two. January 19, at 6 o'clock, A. M., 6 degrees below zero, and until 6 P. M., the mercury did not rise to zero, remaining all day from 2 to 4 degrees below—the coldest day we ever saw. At 9 P. M., it was 12° below; at 10 it was 14°; and at 2 o'clock on the morning of the 20th, the mercury stood at 20 *degrees below zero!* the coldest, we think, in the memory ot man. I think it quite likely but few persons saw the mercury so low. I was called up at that hour, or I should not have seen it. At 6 o'clock it had moderated very much, being only 10° below!"

But the most intense cold seems to have been felt at Helena, as shown by the following account:

"As the cold of Monday and Tuesday, January 19 and 20, has no parallel, at least for many years in our part of the country, I send you the following table of observations as indicated by my thermometer:

"Monday, daylight, 6 degrees below zero; sunrise, 8 degress below zero; 2 P. M., 2 degrees below zero; 8 P. M,, 15 degrees, and at midnight, 30 degrees below zero.

"Tuesday, 2 A M., 30 degrees below zero; 7 A. M., 16°; 9 A. M., 4°, and M. 0°.

If the accuracy of the instruments used can be relied upon, so intense a degree of cold was probably never before felt in this latitude. The lowest point at which we have ever seen the mercury was 20° below zero, which was on Sunday morning, the 9th of February, 1835.

It may be interesting to some of our readers to compare the late frost with preceding seasons of great severity. We find, in our diary for 1835, the following memoranda of the weather, at Lexington:

'Saturday, February 7th.—At sun-rise, thermometer stands 13° below zero, and the wind is blowing briskly; 8 o'clock, 15° below zero; 9

o'clock, 16° below zero; a strong wind still blows; the air is filled with floating ice, giving the atmosphere a hazy, lurid appearance. It is a dismal morning. People were frost-bitten coming to market. 10 o'clock, the thermometer has risen only 1°, and at 3 o'clock is still 8° below zero, which was the *maximum* for the day. At 5 o'clock, it had fallen 1°, and at 10, P. M., was 14° below zero. The north wind still sweeps along. Such a day was never before seen in Lexington.

'Sunday, February 8th.—At 7 o'clock this morning, the thermometer is 20½° below zero—nearer 21° than 20°. It is perfectly clear; the sun rose bright and red; the wind still blows, but more gently. At 8, 16° below zero; at 9, 15°; at 11, 3°; between 3 and 4 o'clock, it rose to within 1° of zero; but at 6, it was again 5° below.'

The mean temperature of twelve hours, on Saturday, was 11.2° below zero; the mean of the day following was 8° below zero; and the mean of twenty-four hours, from Saturday to Sunday morning, was 13.2° below zero, which, we think, exceeds, a little, the cold ever yet experienced by "the oldest inhabitants" of Kentucky.

During the late frost, wagons and heavily-loaded drays crossed the Ohio river on the ice between Louisville and Jeffersonville, and people were still walking over as late as the 29th.

THE CASE OF DR. J. K. RODGERS.

We publish the case of the late Dr. Rodgers without the slightest reference to its controversial bearing. We have no intention of taking any part in the unpleasant controversy; but from the distinction of the deceased as a surgeon, and the intrinsic interest of his case, we supposed a history of it would be acceptable to our readers. The gentlemen who appear in the case are among the most eminent physicians of whom New York can boast, and a difference of opinion among such men only shows how difficult and uncertain is diagnosis in cases of deep-seated disease. We are sure that those who are the most deeply read, and of the largest experience in medicine, will be the slowest to deem uncharitably in such circumstances. In this case, Dr. Hosack appears to have discovered the nature of the disease from the beginning, and his colleagues would seem equally to have mistaken it; but in the next case, the result might be a change in the relative position of the parties; for superior skill in a single instance is by no means proof of general superiority. But conceding the accuracy of Dr. H's diagnosis, we think

he was far from being justified in giving so confident a prognosis. We much doubt whether the treatment he proposed would have arrested the disease of the liver disclosed by the autopsy, though it cannot be denied that it was a plan that promised well in the premises. The case is an instructive one and will be read with interest.

We subjoin the following obituary notice of Dr. Rodgers, which we find in the *New York Journal of Medicine*, for January:

"He was born in 1793, and was the son of Dr. J. R. B. Rodgers, a practitioner in this city, of great eminence. He was educated at Princeton, N. J., and studied medicine in this city, under the late Prof. Wright Post, of the College of Physicians and Surgeons. He graduated in 1816, and was at one time House Surgeon to the New-York Hospital. Soon after the completion of his professional studies, he went to Europe, where he spent two years, either in Paris or London, principally in the latter, where he attended the lectures of Sir Astley Cooper, Mr. Benjamin Brodie, Travers, Abernethy, &c., who soon discovered in him the evidences of great promise, and extended to him those marks of attention, which gave evidence of their estimate of his character and ability. Two years after his return to this country, viz., 1820, he, in connection with Dr. Delafield, established the New York Eye and Ear Infirmary. In 1822 he was appointed one of the Surgeons of the New York Hospital, a post which he continued to fill, with distinguished ability, up to the time of his death. Dr. Rodgers was, in an eminent degree, practical and truthful in all his habits, and to these traits may we attribute his great abhorrence to quackery, in all its forms. As an operator, he was alike distinguished for his ease and adroitness, and as a man for his sterling integrity and noble and generous mind. He never disguised the truth for the *eclat* of an operation. His principal operation, one which will do him honor throughout the surgical world, and all time, was the ligation of the left subclavian artery, within the scaleni muscles, in 1846, and recorded in the 7th volume of this Journal. His contributions to our periodical literature were not numerous, but yet sufficient to leave a mark which will not be easily erased. His death is deeply deplored by us all. The New York Academy of Medicine, of which he was one of the Vice-Presidents, the New York County Medical Society, and the Trustees and Students of the College of Physicians and Surgeons, passed appropriate resolutions on the occasion of his decease."

MODERN SURGERY.

Prof. Mütter delivered a lecture, a short time since, "on the present position in Europe of some of the most important points of modern surgery," in which he makes the following statement respecting the use of anesthetics:

"In England, Scotland, and Ireland, and on every portion of the continent of Europe, it would appear, that no surgeon of any grade, high or low, pretends to practice his profession without the constant use of some anesthetic agent. When I asked my distinguished friends in London and Paris, if they employed the measure with the same degree of confidence as at first, they seemed surprised at the question, and unhesitatingly declared, that no surgeon would presume to perform a serious operation without first bringing his patient into a state of anesthesia, provided always, there was nothing present to contraindicate the production of this condition. While there exists some difference of opinion as to the best agent to be used, there is none upon the great point of the value of the measure in the practice of surgery. The agent usually employed is *chloroform*, a fluid first used to any extent by Dr. Simpson, of Edinburgh; and it would appear that very few cases of serious consequences resulting from its employment, have been met with either in public or private practice."

Of the use of the microscope in the diagnosis of surgical diseases, he thus speaks:

"*The Microscope.*—The next point of interest to which my attention was directed, was the influence of microscopic observations in surgery. In *Anatomy* and *Physiology* so much has been gained by the use of the microscope, that I was led to hope that our department had also been enriched through the agency of this most wonderful instrument—nor was I disappointed. In the study of *malignant growths*, much has been discovered both novel and practically useful. Again, in the examination of *secretions*, the microscope has proved of great value. For example, we are able to decide in cases of deep ulcer over a bone, by examining the pus, whether or not the bone is diseased. The presence of pus in the sputa can only be detected by the microscope. It is also of great value in the diagnosis of certain diseases of the *kidney and bladder*. Without it, Mr. Quekett could never have made the wonderful discovery that a *urinary calculus*, a solid stone, is in *reality organized*; and by its use alone can we ever arrive at a correct classification of *Tumors*. The application of the microscope in surgical pathology, however, is still almost an untrodden field, and he who now determines to enter upon its cultivation, will most assuredly reap a rich harvest of renown for himself, and confer lasting benefits upon humanity and science."

Prof. Mütter found that in Europe there were still adherents to the old system of dressing wounds with charpie and poultices, and that in France the common practice was still to attempt by such methods the cure of extensive wounds by the *second intention* of Hunter; but that in England, as in our own country, the practice is to secure, in most cases, the immediate union of the wound by *cold water* and the lightest dressings.

MEDICAL ATTENDANCE ON FAMILIES BY THE YEAR.

We heartily approve of every word in the following paragraph, which we copy from the *New Orleans Medical and Surgical Journal.* We had supposed that the reprehensible practice to which it refers had fallen into such disrepute, that but very few respectable physicians were guilty of it, and are sorry to learn from the New Orleans editor that it is on the increase in any part of the country. A practice more injurious to the profession we cannot easily conceive of. If among our readers there is a practitioner in the habit of thus hiring his services out by the year, we beg him to think seriously of what would be the consequence should his example be generally imitated? What would the practice of medicine be worth, if such a system of underbidding were to become common? If physicians could be induced to come into market as public contracts are let, how long before our noble profession would sink down to the level of the humblest trade? We confess we cannot understand how any man possessing proper self-respect could consent thus to cheapen his professional services. Better starve, we would say to our young brethren, than attempt to get into practice by underbidding. We have no idea that any physician ever rose, or ever can rise, to real eminence in his profession who has no juster estimate of its value and dignity than such a practice would imply. We commend the sentiments of our respected contemporary to any practitioners who may have been betrayed into it.

"Although condemned in strong terms and unequivocal language by the National Medical Association, yet we regret to state, that the practice of attending families and individuals by the year, has become crying—a great evil, in many of our cities, if we are correcily informed. It is unjust in itself, and cannot result in any thing but mischief to the profession and to the parties contracting. The physician should receive a fair—a just remuneration for his services; and his clients should be compelled to pay only for such professional attention as they may receive; but "yearly practice" aims at a species of miserable, petty monopoly, which is at war with the objects—the noble purposes of a liberal and enlightened profession. You may bargain with your grocer, your butcher, your laundress, and no harm comes of or by it; but for an honorable, an educated physician, to hire himself by the year, like a slave; to pledge his talents and his services, for a stipulated sum, is in direct violation of the ethics of the profession, and indicates at once an unwillingness to enter the field of fair and honorable competition with our brethren."

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION.

We have read the following announcement, in the *Medical News*, with extreme regret. The destruction of so large a portion of this national work will be felt as a personal loss by many members of the profession who have not yet supplied themselves with copies of it.

"We stop the press to announce the unpleasant intelligence that, since the preceding notice was in type, a very large and disastrous fire has occurred in this city, in which two-thirds of the edition of the fourth volume of the Transactions was consumed, with nearly all the previous volumes remaining on hand. Fortunately, the fourth volume had been distributed to nearly all the members of the Association who had paid their assessment, and copies for the others who had done so are at the store of Messrs. Blanchard and Lea, and are safe. Such members of the Association, as neglected to take advantage of the highly favorable terms upon which the Transactions were offered, have now, unfortunately lost the opportunity. The few remaining copies will be reserved a short time for members, but probably at an advanced price, and, if not shortly claimed, will be sold to other applicants."

MODUS OPERANDI OF COD-LIVER OIL.

Dr. Carpenter, in his Principles of Physiology, speaks of cod-liver oil "as by far the most important among the recent improvements in medical practice," and thinks its curative agency may be explained upon the principle, "that the presence of fatty matter is not less essential to the formative operations, than is that of the albuminous compounds themselves." It unites with the albumen to form the nuclei of growing cells or fibres. In a word, it is indispensable to the process of nutrition. Cod-liver oil is remarkable for improving the nutrition of tubercular subjects, as the oleaginous diet of the Icelanders is found to exert a great prophylactic influence upon this people, whose habits are such as would peculiarly favor the development of scrofula, but who are most remarkably free from any form of it. Dr. C. adds, that "the importance of oleaginous matter to the process of textural nutrition, and the probable *rationale* of the beneficial effects of cod-liver oil, were first developed by his friend, Prof. J. H. Bennett. Whatever be the rationale of its action, its efficacy is placed every day more and more beyond question.

HEALTH OF LOUISVILLE.

A year ago cholera was succeeded in this city by small-pox, which prevailed for a time to an extent probably never before known in Louisville. The exanthemata this season have been of a different character. We have heard of a good many cases of scarlatina, and measles is now epidemic, but scarcely a case of small-pox has been reported. For the most part scarlet fever has been mild, but cases have occurred of the worst type. We saw a little boy dying one evening at 7 o'clock, who had been attacked the previous day about noon. Suppuration of the parotid glands was an attendant upon some of the cases. The intense cold of the two past months has had its effect in the multiplication of cases of pneumonia and similar affections, but, except measles, the city, we believe, is clear of all epidemic complaints.

HISTORY OF MEDICINE IN THE WEST.

A highly interesting contribution to the history of the medical profession in the West has just been made by Professor Drake, in an address delivered before the physicians of Cincinnati on the occasion of founding a public library. We hope to be able in our next number to make some extracts from the address. It is the beginning, we trust, of a systematic effort to collect and record the scattered fragments of our professional history. Soon it will be too late to write the history of the pioneers of medicine in the West.